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ROYAL COLLEGE OF NURSING

PROJECT 2000 BRIEFING



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PROJECT 2000 BRIEFING

THE CHALLENGE

Project 2000 represents the effort of the nursing profession to come to grips with changing demands on health care; this includes the emphasis on prevention and health promotion; screening services; new diseases such as AIDS; the rising number of elderly; the increasing demands of community care; changing family patterns (over one million 1 parent families), and the health problems caused by stress, poverty and unemployment. It recognises the need for modernisation and flexibility in the workforce.

It is a strategy for the future, with long term implications for the health of the United Kingdom, and it has widespread support. The Royal College of Nursing calls on the Government to move quickly to implement Project 2000, and urges Members of Parliament to press them to do so.

THE BACKGROUND

- 1984** Project 2000 was the result of a two year consultation initiated by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) in the summer of 1984. Its brief was to define and anticipate the education and training necessary for nurses, midwives and health visitors through the 1990's and into the next century to meet the changing needs in society. Members of the team were from all four United Kingdom countries and across the spectrum of professional nursing practice.
- MAY 1986** The report was published in May 1986 and sent out for wide discussion amongst nurses, midwives and health visitors. At the same time, the UKCC hired Price Waterhouse to examine the cost and staffing implications of the proposals.
- NOV 1986** Consultation completed.
- FEB 1987** After internal endorsement, and taking on board the amendments from the consultation process in January 1987, Project 2000 was presented to Ministers on 5 February 1987.
- MARCH 1987** 6th March sent out to NHS for comments by Tony Newton.
- SEPT 1987** Comments from Health Authorities completed.

The Government's response to Project 2000 is expected shortly.

THE PROPOSALS

The main proposals of Project 2000 include:

- * a reformed and wider basic registration programme;
- * the integration of nurse education with the further and higher education system of the UK;
- * reducing the student nurse contribution to hospital employee staffpower to 20% (from 80%), although student nurses will still spend more than 50% of their time learning on the wards;
- * ending the training of the enrolled nurse grade

The proposals are firmly grounded in the belief that management action alone cannot improve efficiency, standards or morale. They recognise that flexibility in the workforce, as well as the retention of experienced staff, can ensure the transition from institutional care to the new emphasis on community care. This is coupled with an awareness of demographic factors such as the increasing elderly population requiring care, the increasing complexity of hospital nursing, and the decreasing teenage female population going into nursing, requiring an emphasis on education as the long-term solution to Britain's nursing problems. The proposals recognise that new kinds of preparation are required to meet these needs.

Project 2000: Efficient and Cost Effective

The proposals contained in Project 2000 would address these problems with significant savings. Price Waterhouse estimates that after 20 years, gross costs would be between £400 and £450 million per year, compared with £350 million for the present unsatisfactory system. The savings would come from better prepared and trained staff with "enhanced lifetime participation" as well as a more efficient pattern of education and training.

It currently costs £13,090 to train a student nurse. Under Project 2000 it would cost £16,650, but wastage rates would be much lower. At the present time a third of students do not finish their training due to low pay, bad conditions and being thrust into a clinical setting after 8-9 weeks instruction, often coping with huge responsibilities.

Opening up the Profession to Mature Entrants and Men

There is a need to open up the profession for mature students (currently 3,000 per year), and males (currently 2,000), out of a gross intake of Level 1 students on the index of just under 23,000 for the year ending March 1987. Project 2000 envisages the expansion of recruitment in these categories to 4,000 and 2,500 respectively.

The benefits of most importance - those which cannot be assessed in monetary terms - would be immeasurable: improvement of quality of care, effective deployment of staff and improvement of morale which has been significantly affected in recent years, not least because of the underfunding of the NHS as a whole.

THE PROPOSALS IN DETAIL

Moving the Education of Nurses Closer to Further and Higher Education

Project 2000 supports, and the RCN wholeheartedly endorses, shifting the education of nurses closer to further and higher education with a 2 year Common Foundation Programme, followed by a one year "branch" programme in which students would choose one of four branches - care of the adult, care of the child, mental handicap care, mental health care.

The UK is one of the last industrialised countries to conduct all of its nurse training on the apprenticeship model, while the United States, Canada, Australia and New Zealand have all successfully pioneered the alternative education linked system.

The UK is in a very poor position in the world league table for the percentage of women in higher education; this would be shifted almost overnight if Project 2000 were adopted.

Widening the Entry Gate

Since Project 2000 was submitted to Ministers, the UKCC has suggested the widening of the educational entry gate.

The strict entry qualifications for nursing at the moment, are 5 O-levels, or their equivalents. The UKCC suggests that other vocational qualifications and/or a UKCC assessment test could be accepted as alternative qualification instead of the current 5 O-levels. The RCN endorses this as essential. Many young men and women without traditional O-levels do have the potential to enter nursing.

Changing the Employee Service Contribution

Project 2000 proposes that 20% of the students' time over the 3 years would be spent as an employee service contribution, rather than the present 80%. This does not mean that only 20% of the students' time would be spent in the practice setting, either on the ward or in the community, but it would place a strict ceiling on the work element of the course, which in present circumstances is often excessive and unsupervised. Only two countries in the world, the UK and Eire, still have nursing students as employees.

Bursaries for Students

Project 2000 proposes that there be non means tested bursaries, (because of the service contribution), and that they should be DHSS controlled. The RCN believes that bursaries, rather than grants, should be made available. A specified number of bursaries per annum would assist in manpower data compilation.

Higher payments are recommended as essential for mature students.

Separate, identifiable educational budgets should be established by health authorities; without them it is difficult to envisage the development of effective nurse education "performance indicators", which are so high on the Government's agenda at the moment.

PHASING OUT THE TWO-TIERED STRUCTURE

Project 2000 recommends one single level of nurse involved in the delivery of care, trained to practice in community and hospital settings. At present there are two levels of nurse, the EN (Enrolled Nurse) and the RN (Registered Nurse).

Conversion Programmes for ENs

Project 2000 states that opportunities should be provided for ENs to convert to RNs through conversion courses. Specific conversion arrangements for ENs and opportunities for continuing education to help retain their confidence, (with funding provided) would ease this transition. Coupled with clinical regrading and the incentive and opportunity this creates to continue bedside practice, more avenues are opened up for enrolled nurses.

The RCN, however, believes there are a number of experienced enrolled nurses who are eligible for immediate transfer to registered nurse status. This is because many enrolled nurses are already acting as registered nurses in practice and are demonstrably able to practice at this level. Their competence would be assessed to establish first level practice.

Racist and Sexist?

It has been argued that to stop training enrolled nurses is 'racist' and 'sexist' because of the concentration of women and ethnic minorities in the grade. The RCN believes, however, that it is racist and sexist to keep women and people from ethnic minorities in low paid, dead end career structures. The RCN believes the EN status has been a professional cul de sac for thousands of nurses who were and are capable of being assessed to perform the duties of first level registered nurses.

ESTABLISHMENT OF HELPER GRADE

Project 2000 proposes the establishment of a helper grade, ie. helper to the nurses, similar to the current care provided by the nursing auxiliary and other nursing assistants, many of whom could convert to nursing helpers immediately. The RCN believes this is an important development, due to the general shortage of nursing staff, but is anxious that such helpers receive adequate preparation to assist qualified nurses in the delivery of patient care and that there should be guidelines for this preparation - unlike the present practice for nursing auxiliaries. This would put the position of the nursing auxiliary and other assistants to nursing of whom there are over 120,000, on a proper basis compared to the arbitrary local arrangements which currently exist.

The RCN believes they should be called Nursing Assistants or Nursing Care Assistants and they should be part of the nursing workforce.

THE SPECIALIST PRACTITIONER

Project 2000 also proposes that a Specialist Practitioner should be trained for health promotion or in specific disease linked skills. S/he would provide support and specialist skills to Registered Nurses. Following the lead on primary care, the specialist practitioner would be ideally suited to provide rural care, inner city care, and meet the needs and challenges of the coming decades. The RCN believes that general practitioners will have difficulty in providing this type of service due to the fact that there are only 30,000 GPs practicing in the UK and the available staff power from the 450,000+ nurses could be used more effectively.

MANAGEMENT INITIATIVES

Project 2000 identifies initiatives which could be taken in the NHS and which would be far more constructive than juggling funds and engaging in continued cost cutting exercises.

30,000 qualified nurses currently leave the NHS each year.

New and positive objectives should include:

- * reducing qualified staff wastage. NHS management should define and set new objectives. A 1% improvement from 10% (30,000) to 9% (27,000) is believed to be realistic.
- * reducing education wastage (including those who leave during training and those who complete but don't register to practice) - NHS management should target reductions from 21% to 19%.
- * increasing returners. Management should attempt to improve return ratios from 30% of demand to 32.5%, an increase of 2,500 per year. This could be achieved with the provision of child care facilities, reorientation classes, flexible hours of work and a variety of inducements - including better pay and conditions.
- * diversify the supply of entrants. Management should attempt to recruit 4,000 mature students per year, up from the present 3,000, and 2,500 males, up from 2,000.

All these proposals are part of the overall strategy to make better use of available, qualified nurses.

The Government's Recruit and Retain Package

Whilst the Government's recent announcement (24 March) of its £2.5 million Recruit and Retain package is laudable, it cannot in itself hope to address the impending staff shortages and estimated annual loss of 30,000 nurses per year from the NHS or meet the new challenges in health care. The Government needs to invest in the future of nursing and the NHS.

Decrease in Spending on Nursing Education

As a recent parliamentary reply from Tony Newton to Hilary Armstrong MP (c 149/50, 23 March 1988) illustrated, spending on nursing education has gone down in real terms by 18% since 1979. And over 4% of nurse teaching posts are now vacant for 3 months or longer, but no further information is said to be available.

Numbers entering nurse training dropped from 33,370 in 1979 to 22,825 in 1987.