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*From the Secretary of State for Social Services*

**CONFIDENTIAL**

The Rt Hon John Major MP  
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12 May 1988

I am writing on behalf of the four Health Departments to seek your agreement to the attached letter which I propose to send next week to the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) as a response to their 'Project 2000' proposals for the reform of nurse education and training. The timing of the response is important because the UKCC meets on 20 May and I am due to address the RCN's annual congress on 23 May.

It may be helpful to set out briefly the background to these complex proposals. Briefly, the Council proposes:-

- a) to replace the separate training systems for general, children's, mental handicap and mental illness nurses with a single framework, in which all students would undergo common training for 18 months before specialising for a further 18 months;
- b) a reduction in the nursing student's rostered contribution to patient care - although the training will remain practical, more of the student's practical experience would be on a supernumerary basis to align it more closely with the stage reached in her training;
- c) cessation of second-level (enrolled) nurse training;

- d) closer links between nurse training and higher education, but no wholesale move into the education sector;
- e) in recognition of the move to supernumerary status in training, remuneration by non-means tested bursary, rather than salary.

We accept that there are deficiencies in professional training at present. Too much responsibility is sometimes put on students. Their practical work experience too often reflects the exigencies of the service rather than the stage which they have reached in their training. The system encourages narrow specialisation. The proposals are designed - and there is some evidence from undergraduate and experimental nursing courses to support the claim - to produce a more flexible and self-confident practitioner, better able to stand the stresses of the job, less in need of extensive and expensive post-registration training and, in many instances, capable of taking on more advanced roles which may reduce the demands on doctors or other professional staff. Managerial competencies will be included in basic professional training for the first time. There is, therefore, much to welcome in the proposals. Our manifesto commitment to making changes in nurse education recognised this, and the draft response accepts the broad thrust of the proposals as far as professional education and training is concerned.

We have however had to seek substantial changes to some aspects of the proposals on manpower grounds. The UKCC have already moved some way from their original proposals and we shall be seeking still further movement. The draft letter to the UKCC sets out why but, briefly, we do not think that the Council's vision of a future workforce consisting predominantly of professionally-qualified staff with only a fairly small, relatively untrained, auxiliary workforce is sustainable. Apart from the question of merits, demographic and labour market prospects make recruitment on the scale implied impossible. There will need to be an intermediate skill level in nursing between the basic auxiliary and the fully qualified nurse. We have developed an alternative model on these lines, which also has the advantage of conforming with wider Government policies on vocational training.

What we cannot settle without further discussion with the profession are the precise role boundaries between the skill levels and ways of progressing between levels in line with the emerging National Vocational Qualification framework. We also need to discuss with them ways of extending the work which is already under way on alternatives to 'O' levels as the qualification for entry to nurse training. My proposed response will clear the way for such discussions. The profession are understandably reluctant to move further on these issues until they know that Government is prepared to accept the main P2000 propositions.

On costs, we have supplied your officials with our costing projections which suggest that the annual costs of our model are likely to be £50 million or more above those of the current system in 10-15 years time. The current system, is, however, not sustainable for manpower reasons. Moreover some of the additional costs relate to better training for non-professional support staff - a necessary development if we are to target scarce professional skills where they are needed most. Our model is significantly cheaper than the full Project 2000 proposals. In the short term, we envisage a gradual phasing in of the new system, giving rise to only modest costs over the PES period.

I see this development as important in improving the overall efficiency and effectiveness of health care delivery systems in the UK, both public and private. It is not the only example of the need for improved training, though it is the largest and most dramatic. There are wider training issues which I may wish to raise in our PES discussions. In the meantime, I assure you that I do not regard agreement to the proposed initial response to the UKCC as committing either of us to any particular PES outcome.

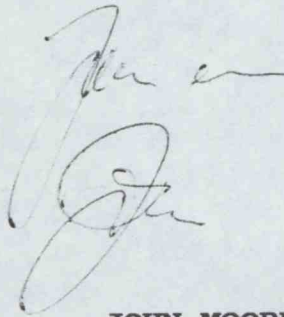
Finally there is the question of the NHS Review. I do not see the P2000 proposals as needing any significant adjustment on account of changes in organisation or funding which may result from the review. Clearly the details of implementation could be affected, but there will be ample opportunity for adjustment in that respect. The Review has also thrown up wider issues about the future of professional self-regulation, but any radical change would need both careful preparation and primary legislation. We cannot afford, either politically or managerially, to suspend further action on P2000 until those issues are resolved. I have considered whether to include in my response a reference to the possible effects of the Review. I have concluded against it because we should be suspected of planning to use the review outcome to withdraw our agreement.

E.R.

Nonetheless you will see from para 15 of the draft letter that the agreement which I propose to give is not final. Indeed it is ultimately contingent on work which will not be completed much before the end of the year. So we shall be able to adjust our position later if we need to do so.

It would be helpful if I could have your reply by Tuesday 17 May so that I can write to the UKCC by the 19th.

I am copying this letter to the Prime Minister, Malcolm Rifkind, Peter Walker, Tom King, Norman Fowler, Kenneth Baker and to Sir Robin Butler.

A handwritten signature in dark ink, appearing to read 'John Moore', written in a cursive style.

JOHN MOORE

## PROJECT 2000: DRAFT LETTER FROM SECRETARY OF STATE TO CHAIRMAN OF UKCC

1. I am writing to you about your Council's proposals for the reform of nurse education and training, Project 2000. You are already aware of the importance we attach to your work on this, but I would wish once again to record our appreciation both of the effort put into it by the statutory bodies and of the professions' response. I know that your Council shares with us an understanding of the challenges for health care in the future, not least the changes which we shall see in the availability of recruits to the workforce.

2. You have seen summaries of the responses we have received during the extensive process of consultation with the NHS itself in each of the four countries. You will, I know, appreciate that these have made it clear that further work remains to be done in several important areas before final and definitive conclusions can be reached on some of your proposals. In particular, it is absolutely essential to be confident that the detail and timing of any changes do not at any stage jeopardise the staffing levels needed to provide a proper service to our patients.

3. Nevertheless, I am anxious to give you as clear an indication as possible of our general conclusion on your proposals, in order to provide a firm basis for further work and to maintain momentum towards necessary reform. We readily accept that the present pattern of nurse education, and the position of nurse learners, is not appropriate to future health needs. We welcome the concept of practitioners with greater flexibility to work either in the hospital setting or in the community and the desire to bring the different specialisms together for part of their training. We agree that this is best achieved, as in your most recent proposals, by an 18-month common foundation programme, followed by 18-month branch programmes.

4. I turn now to your inter-linked proposals for student nurses to have student rather than employee status, and for them to be supernumerary (in the sense of not being counted as part of the rostered nursing workforce) for the greater part of their time.

5. You will be aware that consultations revealed considerable misunderstanding of the Council's intentions, and fears that the changes would place nurse education predominantly in a classroom setting thus unacceptably reducing the practical, patient-orientated content of training. It is therefore important to place on record our joint understanding that nursing education must retain its clinical focus, and that students will not spend substantially less time in clinical areas than at present. The difference is that their contribution to patient care will be better aligned to the level of theoretical grounding and practical experience which they have attained.

6. On that basis, the government accepts the proposed change to student status, with non-means-tested NHS bursaries, and closer links with further and higher education. We also accept the proposed move to supernumerary status, and that students' rostered service contribution should be substantially reduced. There will need to be further consideration of the level of maintenance for mature students, those with domestic responsibilities and those moving from jobs elsewhere in the NHS.

7. We should like to discuss with you the number and status of teaching staff. The Government does however support an expansion in degree opportunities for nurses and would expect this to be reflected in the number of graduate teachers.

8. We shall need to discuss further with you the comparable issues concerning midwives, whether post-registration or direct entry, which your proposals did not address; and further consideration will also need to be given to options for direct entrant midwifery training.

9. I come now to your other major proposal for a move to establish one level of professionally qualified nurse, with Enrolled Nurse training being brought to an end. Here again you will be aware of the substantial reservations expressed in consultation, which have raised doubts about your proposals' compatibility with the maintenance of adequate staffing levels. You also know that our own analyses since the consultations concluded have led us to share this concern about the manpower implications (while acknowledging that the potential problem varies between the four countries). It is clear that in the light of the latest labour market predictions, the overall assumptions which you agreed with Price Waterhouse are not realistic and that a professionally qualified workforce of the size which you envisaged cannot be achieved throughout the UK in the foreseeable future.

10. Thus on this issue too it is vital that we should have a clearly shared understanding of the basis on which any decision is taken. The two principal points relate to the "entry gate" for professional nurse training, and to support workers.

11. First, we attach great importance, in view of future demographic trends, to the work being done by the Council and Boards in examining the ways in which, without sacrifice of proper standards, there can be greater access to nurse training for recruits of all ages. I hope this progress can be maintained. I also look forward to further work to define in more detail the role and function, the specialist practitioner. I hope that it may be possible to complete this by the summer, although I recognise the many problems which remain to be solved in this field. In particular, we will be looking for more detail on the Council's thinking as expressed in your final proposals on the scope for shared learning in post-registration education and training, and particularly the Council's response to the various recent recommendations on community nursing education and training. We want to discuss with the Council, National Boards and others ways in which a comprehensive framework for post- registration education and training could be developed, including provision for credits towards graduate status.

12. Secondly, we also place great weight on the proposals being worked up for a new range of support workers to be deployed under the direction of the professional nurse, with appropriate opportunities for such support workers to progress to nurse education and training if they have the desire and capacity to do so. There have been important developments since the Project 2000 proposals were submitted which will have a bearing on the support worker proposals, notably the work of the National Council for Vocational Qualifications and the creation of a training consortium for the care sector. A start has been made in defining and developing the role and training of support workers for professional staff building on the work done for the YTS Feasibility Study. In Scotland, proposals are now being developed for support worker training through a day-release scheme using SCOTVEC modules offered by Further Education Colleges. We need to develop a structure which can be placed within the

National Vocational Qualification training framework and the equivalent SCOTVEC system which will enable progression between different levels of support worker. The Government welcomes the Council's positive response to the NCVQ consultations and the readiness of the statutory bodies to assist, through the Care Sector Consortium, in formulating a suitable framework for support worker training.

13. As I have said, it is essential that we should safeguard our ability to recruit and retain enough staff to meet service needs. To do this we shall need to recruit staff from the widest possible range of ages and backgrounds and to offer them career prospects commensurate with their abilities. The Government accepts the proposal that there should be a move to one level of professionally qualified nurse, but this must be subject to the further work on widening the entry gate, to the successful development of vocational training as described in paragraph 12 and to further consideration of the implications of these developments for the future pattern of the nursing workforce. We should welcome an opportunity to discuss these associated issues with you.

14. Lastly, I recognise the particular uncertainties which the present situation has created for existing Enrolled Nurses. I understand that your Council shares this concern and is considering what further it can do to help. The important contribution to care made by Enrolled Nurses is widely acknowledged. I am pleased that they are being given opportunities to enhance their qualification to the first level through an increased number of courses offering considerable variety and flexibility. I shall be grateful for any help which the statutory bodies can give in facilitating this process. I shall be emphasising to Health Authorities the need to have firm plans and targets for such changes. I recognise, however, that not all Enrolled Nurses will wish to take these opportunities and can assure them that their experience and skills will continue to be valued and used to the full. The new clinical grading structure will give more flexibility and an opportunity to recognise and reward their individual skills and responsibilities.

15. I hope you will feel that what I have said provides a firm basis for moving ahead to final decisions on the Council's proposals and the manner and timescale of implementing change. Our aim will be to make a more definitive statement later in the year. Meanwhile, as I have indicated earlier, Tony Newton and his colleagues in Scotland, Wales and Northern Ireland will be



glad to discuss with you and your colleagues what action is needed in the next few months. If we can carry that through successfully then I am sure that the reform of nurse education, coming alongside the reform of the grading and career structure already in train, will enable us still further to enhance the nursing professions' vital contribution to meeting our country's health care needs.