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Thumbs up from government for reform of nurse training

Life has been difficult for Secretary of State John Moore, but he must have been cheered by his visit last week to the Royal College of Nursing's congress in Brighton. His support in principle for sweeping changes in nursing education brought him showers of garlands. Not since 1985, when Neil Kinnock talked about his mother, the district nurse, had delegates given such a reception to a politician.

Nursing leaders have hailed the announcement as a "significant milestone" and a "historic victory." After years of pressure and exhaustive consultation leading to the Project 2000 proposals they have been waiting 15 months for a government response—so the rhapsodies were hardly surprising. Certainly the announcement has enough substance to fuel hopes that nursing students will at last receive an educationally sound preparation for professional practice.

The government agrees with nurses that the current system is woefully inadequate. It supports a planned training programme that coordinates supervised clinical experience and theoretical study and shifts the focus towards practice in various settings, including the community. It also agrees that trainees should have student status, receiving bursaries rather than salaries and being supernumerary to the nursing workforce for most of their training. It supports links with further and higher education to raise educational standards and the expansion of degree opportunities.

Such changes could be important and welcome, given the current abuse of nursing students as cheap labour. The changes will be complex and expensive, but the promise of long term benefits—raising standards of care and making nursing a more attractive career—suggests that they might be worth it. The question is whether the payoff demanded by

the government will outweigh those benefits; the package inevitably comes with strings attached.

One obvious concern is money, on which Mr Moore remained silent. His assertion that the education changes should not jeopardise staffing levels can be read both ways: will the government fund the staff replacement costs when students become partly supernumerary or will it force health authorities to finance them from service budgets? Without adequate central funding, the reforms could be substantially watered down locally.

Another key factor is the extent to which the reforms will be tailored to fit the government's vision of future staffing patterns, not only in nursing but in other caring occupations. Mr Moore has already stipulated that nurses must pay the price of reform by allowing freer access to training and by endorsing his plans to introduce a new hierarchy of "support workers." He says that nurses have overestimated the size of the professional nursing workforce of the future; as recruitment continues to decline he hints at the emergence of a much smaller professional élite educated in the new system to supervise an army of helpers, many of them only minimally trained.

The government's statement on Project 2000 is an interim one, and much detailed work will be done before it makes a more definitive response. How are nursing leaders likely to respond to the package once the euphoria subsides? They have already abandoned a long cherished strategy to raise the academic standards of entry to training. They are prepared to allow more flexible routes of entry, perhaps even to entrants from the much reviled youth training schemes. But they find it hard to swallow the prospect of most patient care being given not by nurses—there will not be enough of them—but by support workers. They are painfully struggling to reconcile traditional professional aspirations with the newer pragmatism of Thatcherite health care.

There are two spaces to watch in this struggle. The Royal College of Nursing is talking about admitting nursing auxiliaries to membership, an astonishing turnaround for an organisation that regards itself as the guardian of professional standards. Secondly, the nursing statutory bodies are embroiled in demarcation disputes with organisations like the NHS Training Authority which they believe are encroaching on their professional territory.

The debate is worth both watching and entering for the issues are not parochial. The division of labour in health care, manpower planning, professional preparation, and educational standards are as crucial to doctors as to nurses. The review of the NHS gives them added spice since any move to concentrate resources on acute hospital care and leave the rest to social services or the private sector would have important implications for the mix of staff and skills in each setting. Nurses will be seeking to ensure that their milestone does not become a millstone and will be looking to medical support in their quest to establish preparation programmes that ultimately benefit patients as well as professionals.

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