

Nurse staffing shortages

NMC release worrying report on the declining numbers of EU nurses

Review by **Steve Fouch**
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The media has been full of stories recently about the shortage of nurses and midwives faced in the UK. In November, the Nursing & Midwifery Council (NMC) released a report showing that the number of EU nurses on the register has declined by 2,700 in the last year. This is apparently due to a 67% increase in the number of EU nurses leaving and an 89% drop in the number applying to work in the UK, all apparently due to uncertainties over Brexit.¹

Alarming as this may seem, the 36,000 plus EU nationals registered with the NMC account for less than 4% of the nursing workforce in the UK.² More alarming is the overall decline in the number of nurses and midwives registered in the UK. NMC figures show this has declined by around 1,700 this year.³ This is the first decline in over a decade. This is partly because fewer nurses are training and qualifying; partly because more are leaving before retirement;

and partly because a large proportion of the workforce are at, or approaching, retirement age.

While the government insists that there will be more training places (up to 25%), the ending of bursaries has, at least in the short-term, reduced the number of those starting training. It is clear that a significant proportion of those leaving the professions for reasons other than retirement are experienced nurses and midwives in their early fifties, meaning there is an attrition of skilled staff.

The main reasons for leaving are not pay, but stress and the impact of staff shortages on the quality of care these professionals are able to give. These stresses are not unique to nurses – we hear similar reports from junior doctors. It is not just a funding issue; many of these problems were emerging during times of record investment in the NHS in the last decade.

The core values of the nursing profession are deeply Christian in their origins.⁴

However, the increasingly technical, acute and high throughput model of medicine under which the NHS operates today makes this hard to live out in practice. This dissonance between the values of patient-centred, whole person care on the one hand and a technological, protocol driven medicine on the other, is increasingly difficult for nurses, doctors and other health professionals to reconcile. Until we can address this and answer what kind of model of health care we really want and can deliver, we will continue to struggle with a long-term solution.⁵

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The 50th anniversary of the Abortion Act

It is not too late to change things

Review by **Peter Saunders**
CMF Chief Executive

50 years; 8.8 million abortions; 550 every day; 3,800 every week; 16,000 each month; 200,000 every year. One in five pregnancies ends in abortion. One in three women has cooperated in the death of her son or daughter. One in three men has fathered, and abandoned, an aborted baby. Or to put it another way, there are 100,000 people alive in Northern Ireland today precisely because they don't have a law like ours.¹

Every abortion has been carried out by a doctor trained in the art of healing despite abortion being against the Hippocratic Oath,² the Declaration of Geneva and the historic stance of the British Medical Association.³

Seemingly, this is not enough. The 'We Trust Women' campaign⁴ wants to decriminalise abortion completely. Driven by abortion 'provider' BPAS, the Royal College of Midwives,⁵ the British Medical Association⁶ and the Royal College of Obstetricians and Gynaecologists⁷ have all given their support. There are also calls to relax the law

in Northern Ireland, The Republic of Ireland and the Isle of Man. The pressure is relentless.

And yet at the same time, there is increasing disquiet about late abortions: high resolution ultrasound videos; media stories of babies born alive following 'botched' procedures; reports of late abortions flouting the existing law.

This lays open the fundamental conviction which permits this situation to continue. Virtually no one would contemplate dismembering a newborn baby and throwing the body parts into a bucket simply because the baby was unwanted, or even because it was the product of rape – this would be unthinkable. And yet the younger the baby in the womb, the more people regard abortion as acceptable.

In 2008 an attempt by MPs to cut the upper limit for abortion to 12 weeks (the European average) was opposed by 393 votes to 71.⁸ At 16 weeks, it was 387 to 84 and at 20 weeks 332 to 190. The closest vote, on a 22-week limit, was defeated by 304 to 233.

Why should a preborn baby be accorded less value at 16 weeks or twelve weeks or eight weeks? They all have developed organ systems and beating hearts. And an individual human life begins at conception. Isn't this simply discrimination based on age, or size, or neurological capacity – an arbitrary judgement akin to racism or sexism?

Righteousness exalts a nation.⁹ It is not too late to change things; to reflect, repent and reorder our priorities; to speak out; to be advocates for the voiceless; to offer women in crisis something other than a curette.

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