Nurse prescribing in family planning

Felicity Young

A true story

Recently a friend of mine (who was also a family planning patient for a while) forgot to take her combined oral contraceptive pill. As a busy detective sergeant in the Metropolitan police and scheduled to work a long weekend, she knew she would not have enough time to go home to take her pill before it became 'overdue'. Both she and her partner were well motivated to use condoms if necessary, but her big worry was the blinding headaches she got in the pill-free week. So she phoned me to ask: "Where could she get three Mercilon® pills – and quick?" As she was just stepping off the Tube in central London, I suggested she pop into a pharmacy chain and I could talk to the pharmacist. "Please could my friend possibly have a pack of pills?" "No – doctor's prescription required." "I am her family planning nurse, I can vouch it is safe and proper for her to have them." "No." "But I have been prescribing them for her for the last 2 years." "No, you're not a doctor – and anyway, nurses don't prescribe drugs." "But what about that bit in the *British National Formulary* (*BNF*) about emergency prescribing?" "Contraceptive pill is not an emergency." Click, the phone went dead.

The pharmacist was not interested in my friend or my opinion. A pack of Mercilon probably only retails at around £3.50 so it didn't represent a huge sales loss to the store, and as far as the guy was concerned it was only a ditzy woman who'd forgotten her pill. Not 'proper medicine', like insulin or digoxin. Not a 'doctor' giving life-saving medical advice. What an insult, I thought! No, not the bit about the ditzy forgetful woman – the rude bit about "nurses don't prescribe"! I was shocked. As far back in my career as I can remember nurses have prescribed medication, albeit rather informally. As a student nurse working nights in the early 1980s I can remember phoning the night nursing officer to come round to the ward to administer nitrazepam to a restless patient requesting something to help them sleep. In the morning the sleepy house officer would happily sign-up the 'once only' medication, not for a minute considering challenging the wisdom of a nursing officer at least 40 years his senior.

Paracetamol seemed to be kept permanently in the pocket of various ward sisters, to be given carefully and with due consideration but nevertheless unprescribed ("You can buy it by the bucket at Boots!"). Later on I discovered varying degrees of collaborative multidisciplinary prescribing on surgical ward rounds: "Mrs Smith is still in a lot of post-op pain, Doctor." "What do you think she would like, Sister?" "I thought a couple of Distalgesics® right now with a Temgesic® to take her through the night?" "Excellent Sister, I was thinking just the same – keep up the good work and don't forget the Eusol and paraffin soaks!"

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Protocols and PGDs

More recently, developments in nursing have seen the dawn of protocols and patient group directions (PGDs). For the uninitiated, these tedious pieces of paperwork describe in excruciating detail exactly how, when, where and why a particular drug may be given to a patient by a registered nurse, in the absence of a doctor. Frequently these drugs are also available to the general public, over the counter without a doctor's prescription. How many of you work with PGDs for the administration of emergency contraception, for clotrimazole pessaries for the treatment of vaginal candida, or for ibuprofen [Indication: simple analgesia post-intrauterine device (IUD) insertion – no kidding!]? It makes me want to weep, thinking of the time, money and effort expended by various nursing colleagues in writing these weighty tomes. Page after page of drivel, typed by some weary fool in the vain belief they will be 'covered' in the event of something going amiss. At the very least I find PGDs patronising, and at worst I suspect (although quite clearly cannot prove) they are there to allow nurses to carry out the job of a doctor, when the Trust won't budget for appropriate levels of medical staff.

Some may argue protocols and PGDs allow nurses to work to their full potential, being autonomous practitioners, meeting the holistic individual needs of their patients and clients. I say: "Oh please, spare me"! Nurses are being led to believe this by those who think they are doing us a favour, but in fact we are doing them the favour. In family planning many of us have been issuing hormonal medication for so long we know those pills inside out. Tell me a foil colour and I'll tell you which pill the woman is taking. We know the difference between Femodene® and Minulet®. We know whether the green one is Loestrin® 20 or 30. Quite clearly there is more to prescribing a contraceptive than knowing whether there are pretty flowers on the box, but a two inch-thick document that basically says if there is no change in the medical history and her blood pressure is within normal limits then the nurse can give the woman another 3 months' supply is not exactly pushing the boundaries of clinical practice and challenging the nursing orthodoxy.

Independent and supplementary prescribing

The 1986 Cumberlege Report[1] recognised the existence of unofficial nurse prescribing and recommended (yes, nearly 20 years ago!) nurses take on the formal role of prescriber. Dr June Crown reported to the Department of Health in 1989 that: "It is well known that in practice a doctor often rubber-stamps a prescribing decision taken by a nurse" but it was only in 2003 that specialist training for nurses was introduced to support formal prescribing. Now the new hoop we are being asked to jump through is what is known as 'Independent and Supplementary Prescribing'. Wow! How grand and important does that sound? But hold on, to get this new nursing Brownie badge we have to spend between 3 and 6 months on a course, which consists of 25 taught days, plus self-directed learning and 12 days learning in practice with a doctor. At the end of this can we get out the *BNF* and start prescribing for our patients? I don't think so. Unless we work in palliative care we can only independently prescribe prescription-only medication for minor ailments and injuries or health promotion. Sorry, I forgot we can now prescribe paracetamol as well – oh, and olive oil ear drops. The Nurse Prescribers' Formulary lists oral contraceptive pills and

Depo-Provera® but not IUDs, the Mirena® intrauterine system or Implanon®. If we are supplementary prescribers we do indeed have the whole *BNF* to choose from, but only if we enter into a "voluntary prescribing partnership between an independent prescriber [i.e. a doctor] to implement an agreed patient-specific clinical management plan (CMP)". I ask you, are we really any further forward from having our pockets stuffed with paracetamol?

The future?

I believe all nurses should cover pharmacology and topics related to prescribing as part of their nursing first degree. All graduate registered nurses should be capable of prescribing a range of medication as soon as they qualify, such as those already available as over-the-counter or pharmacy drugs. Whether nurses are employed in a job that necessitates them prescribing on a regular basis is a different matter, but they should all be able to prescribe a core group of drugs as a basic function. Once specialising, a nurse would become more familiar with a wider range of drugs but would then develop the depth and breadth of knowledge about medication key to their clinical practice. As a matter of principle, however, I believe all registered nurses – by virtue of being competent grown adults – should be able to prescribe, for instance, a gram of paracetamol for another grown adult, even though that other adult is a patient. Registered nurses with specialist skills and knowledge working in family planning should be able to prescribe contraceptive drugs in the same way and to the same extent as any medical practitioner does. Naturally this authority to prescribe should come with autonomous responsibility for the prescription and for the well-being of the patient, but in my experience this is already paramount to most skilled family planning nurses currently using PGDs. Formal full prescribing rights should be available to all registered nurses who are competent, by virtue of their experience and relevant and appropriate education. Nurse prescribing for family planning nurses should not be a 'bolt-on' added extra which fills a gap where appropriate medical staff are lacking, but instead acknowledged by employers and professional groups as a fundamental part of our role.

Endnote

And what of my friend? In the end she had a stroke of jolly good luck. At 4 am a female police surgeon colleague happened to be in the station. That doctor fortuitously also took Mercilon and had a packet in her handbag which she was happy to hand into police custody.

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Reference

1 Department of Health and Social Security. *Neighbourhood Nursing: A Focus for Care* (Cumberlege Report). London, UK: HMSO, 1986.

Journal of Family Planning and Reproductive Health Care

USEFUL WEBSITES

The websites listed below were all cited in the Journal in 2005, either because they were reviewed under Website Reviews, Consumer Correspondent or cited in News Roundup. The editorial team hopes that readers will find the list useful for information and reference purposes.

News Roundup
http://www.bashh.org
http://www.bma.org.uk/ap.nsf/content/abortion
http://www.brook.org.uk
http://www.ffprhc.org.uk/meetings/factreview.pdf
http://www.ffprhc.org.uk/YoungPeople.pdf
http://www.hpa.org.uk
http://www.icsp.ie
http://www.ippfwhr.org
http://www.medfash.org.uk
http://medicines.mhra.gov.uk
http://www.menshealthforum.org.uk
http://www.ncjrs.org
http://www.pregnancyandbaby.com
http://www.rpsgb.org.uk
http://www.scotland.gov.uk

NLH Primary Care Question Answering Service (Website Review)
http://www.clinicalanswers.nhs.uk
http://www.library.nhs.uk

Reproductive Health (Website Review)
http://www.wellbeingofwomen.org.uk

Recommended Self-help Websites (Consumer Correspondent)
http://www.bacp.co.uk
http://www.bbc.co.uk/health
http://www.bhf.org.uk
http://www.breakthrough.org.uk
http://www.cancerresearchuk.org
http://www.diabetes.org.uk
http://www.eczema.org
http://www.fpa.org.uk
http://www.herpes.org.uk
http://www.ihmf.org
http://www.ivillage.co.uk/health
http://www.mayoclinic.com
http://www.netdoctor.co.uk
http://www.nhsdirect.nhs.uk
http://www.nos.org.uk
http://www.outsiders.org.uk
http://www.pms.org.uk
http://www.relate.org.uk
http://www.smanutrition.co.uk
http://www.supportline.org.uk
http://www.thepriory.com
http://www.webmd.com
http://www.womens-health-concern.org