LETTERS

Pharmacists and POEC

Madam

We read with interest and some surprise the description of the 3-day training course provided in Lambeth, Southwark and Lewisham, London1 for pharmacists, enabling them to issue progestogen-only emergency contraception (POEC) using a Patient Group Direction (PGD).

First, do they need much training? As ‘very streetwise’ professionals, do they need so much training to issue a drug, when the World Health Organization (WHO) Medical Eligibility Criteria for Contraceptive Use2 advise that there are no medical contraindications to POEC and the Faculty’s own guidelines also state that there are no absolute contraindications to POEC, although caution should be used in women with porphyria or severe liver disease.3 Second, how on earth did they find the time?4

in Worcestershire, train pharmacists over two evenings; the first evening for pharmacists entering the scheme; the second evening for pharmacists experienced in issuing emergency contraception under PGDs. There is a sharing of experience, likes and dislikes about offering the service, how to train shop staff to be supportive, dealing with press enquiries, revisiting child protection issues, etc.

The sessions were deemed to be valuable, informative, fun and useful and, with a 24-hour sexual health consultant on-call rota, and several young people’s outreach health services throughout the county, to whom they can refer, the pharmacists here feel fully supported and valued.

We believe barriers should not be created to women accessing emergency contraception particularly the high price of over-the-counter (OTC) products. Decreasing the cost of OTC Levonelle® to that of a prescription would increase accessibility and sales. We should like to see school nurses trained and able to issue POEC and for easier access for all women who need this method of contraception.

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References

3 World Health Organization (WHO). Improving access to emergency contraception.
4 Arowojolu et al. (2002)

Reply

We are grateful for the interest shown in our training.

After the appraisal of the first course, we did reduce the course to a 2-day one, as is stated in the discussion on page 21. Funding for locums was from the local Health Action Zone, although finding locums was a problem for the pharmacists concerned.

The main point to note is that the first course was held in early 2000, when the idea of pharmacists doing this work was very new (we were only the second project in the UK to go live) and when over-the-counter sale had not yet been approved. Public and professional reaction was untested, and a great deal of time was spent helping the pharmacists feel confident if challenged about their right to supply emergency hormonal contraception. The wisdom of this was shown when the Daily Mail published an inaccurate story, as detailed in the paper; the pharmacists concerned had an extremely unpleasant experience but coped amazingly well. We were also anxious that the participants should see themselves as part of a seamless service including all sexual health providers, and had no idea of what demand might be (it has in fact reached 10 000 supplies a year across our very deprived inner city area).

Perhaps the moral of this is that today’s daring innovation is tomorrow’s boring received wisdom, as every department that has set up pioneering services has in fact reached 10 000 supplies a year across our very deprived inner city area.

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