RCN Podcast – Nurse Prescribing in Fertility Care

Learning outcomes:

1. Describe the role and responsibilities of non-medical prescribers in fertility care, including scope, autonomy, and the importance of safe decision-making.

2. Explain how holistic and social prescribing approaches can support patient wellbeing during fertility treatment and sedation pathways.

3. Recognise the importance of competence, auditing, professional boundaries and reflective practice in maintaining safe and effective prescribing.

Transcript

Sara:
Hello, and welcome to the next episode of the RCN Fertility Nursing Forum podcast. Today we're discussing nurse prescribing in fertility care. I'm Sara Beveridge, a member of the Fertility Forum committee, and I'm joined by my colleague Jen Ulyatt, who leads the nurse sedation team at Ninewells Hospital in Dundee. Thank you for joining us, Jen.

Jen:
You're very welcome, thanks for having me.

Sara:
I thought we could start by explaining our roles. We're both independent nurse prescribers but work very differently within the unit. I've been a nurse prescriber for more than 10 years. I originally qualified while working in sexual health, and when I moved into fertility, I initially met some hesitation because the unit had never had a nurse prescriber. Within six months, though, I was prescribing regularly.

My role is now very different. I'm a Senior Clinical Nurse Specialist for Fertility Preservation and also a donor coordinator. Prescribing has become essential to supporting my own patients and streamlining their care.

Jen:
My role is quite different. I joined to help develop a nurse-led sedation service, taking over from the anaesthetic team. I wasn't a prescriber at the time, but undertaking the qualification was a condition of the job. I was anxious because I'd heard horror stories, but I ended up loving the course.

The medications I prescribe are focused and specific, but prescribing has become essential for pre-assessment, intra-operative and post-operative care. I can assess whether patients'

regular medications are compatible with sedation, advise what to continue or hold, and post-operatively prescribe antiemetics, analgesics, and IV fluids. This has improved recovery for many patients.

Sara:
It really has made a difference. Patients don't need to wait for a doctor to be available for prescriptions.

What made you want to become a prescriber?

Jen:
Initially, I didn't want to, I wasn't actively seeking it. It was simply included in the new role. But when the service was established, I wanted a new challenge. I hadn't been in formal education since 1999, so I was terrified, but I loved the learning and building the portfolio. It became one of the best courses I've ever done.

Sara:
I felt the same. When I did the course, every band 6 in sexual health was expected to complete NMP training, so it was part of the culture. I found aspects of the course difficult, especially pharmacokinetics and pharmacodynamics, but tailoring the portfolio to your own practice is valuable.

Jen:
The freedom to shape your portfolio is great, but daunting. I hadn't seen any examples, so I just wrote about what interested me and related it to my work. Over time, I added scientific or theoretical elements. I'd encourage future prescribers not to be overwhelmed. Start with what feels natural.

Sara:
What did you find most challenging?

Jen:
Balancing everything, setting up a service, young children at home, and the academic workload. I'm not a night person, so I used to get up at 5am to study before the kids woke up. It was hard but manageable with discipline.

I also wanted to give it my all because it took time away from my family, so I probably did more work than required. My advice is: be fair to yourself and don't try to learn everything. Focus on what is relevant to your practice.

Sara:
One of the best things about NMP is how transferable the qualification is. You create a formulary of drugs you are competent to prescribe, and you can update it if you move into a different area.

Jen:
I agree, though I've chosen not to extend my formulary to include fertility drugs. My prescribing list is small, and I want to maintain deep knowledge of everything on it. Having a huge formulary can dilute your competence.

There can be pressure to add medications because the department needs prescribers, but it's important to stick to your limits. You're responsible for what you prescribe, just because you *can* prescribe something in the BNF doesn't mean you should.

Sara:
Absolutely. Even if something is technically within your scope, you should only prescribe when you feel confident and competent. And it's equally important to feel confident saying *no*.

We actually prescribe completely different things. Our only overlap is probably paracetamol!

What do you prescribe regularly?

Jen:
I prescribe anaesthetic drugs for sedation, opiates for pain relief, several antiemetics, emergency medications, simple and complex analgesics, and IV fluids. It's a very small list, but some are high-risk drugs, which is why I keep my formulary concise.

Sara:
I'm glad I don't have to prescribe your sedation drugs, they're far from my area of expertise. I prescribe mainly for fertility preservation, egg or embryo creation, including for cancer patients and increasingly for trans patients.

Prescribing allows me to manage dosages, stimulation medication, antagonists, and trigger injections. When someone with a new cancer diagnosis needs urgent fertility preservation, I can complete everything in one appointment, history, scan, investigations, counselling, prescribing, and starting treatment.

I also prescribe letrozole for donor insemination cycles. Sometimes I'm asked to prescribe for other patients when no one else is available, but I always review their notes thoroughly and check allergies and interactions. Prescribing safely means making your own decisions, not relying on what someone else has written.

Sara:
Jen, how do you maintain competence?

Jen:
I keep my prescribing list small, which helps. I do an annual update with other prescribers, which is great for learning from colleagues in different specialties. I enjoy hearing about developments and even drugs completely unrelated to fertility.

We receive regular trust updates on medication changes, and although I rarely make the quarterly meetings, I read the minutes. Sara and I also audit each other's prescribing. It often takes longer than planned, but it keeps us accountable and safe.

Sara:
I loved what you said about social prescribing. Nurses naturally consider the whole person, encouraging activities that reduce stress and support wellbeing during fertility treatment can be incredibly helpful.

Our audits help us maintain accuracy and consistency. We use both internal prescription charts and standard prescription pads, and regular auditing ensures legibility, accuracy, and safety.

Jen:
In pre-assessment, we use social prescribing to support people with anxiety, depression, cardiovascular disease, and other conditions. We promote exercise, wellbeing, and re-referral to specialties when needed. Pre-assessment isn't only about preparing for sedation, it's about optimising ongoing health, including for pregnancy.

Sara:
Exactly. Fertility treatment is often one part of a long journey, and we want patients to enter pregnancy as healthy as possible.

Sara:
So, what are the best and worst parts of being a non-medical prescriber?

Jen:
The best part is supporting an anxious patient and seeing them leave feeling reassured. Using medications alongside communication, empathy, and nursing skills makes a huge difference to their experience.

The worst part is the audit. Mainly because we take so long to get around to doing it!

But overall, prescribing is empowering. You can assess and treat patients without waiting for someone else. It improves patient experience and job satisfaction.

Sara:
For me, the best part is autonomy, especially supporting fertility preservation patients who have just received devastating news. Being able to provide a streamlined, supportive one-stop pathway means a great deal.

The hardest part is being asked to prescribe unexpectedly and needing to make time to review everything thoroughly, even for familiar medications.

But I would absolutely recommend the qualification, it's a lot of work, but the rewards are significant.

Jen:
Good luck to anyone doing the course, you'll love it eventually!

Sara:
Thank you, Jen, and thank you to everyone listening. Please explore our other podcasts, there's lots more to come.