

**ESHRE Campus Symposium  
Leuven Belgium May 2009**

**The Extended Role of  
Nurses/Midwives in the United  
Kingdom**

**Debbie Barber  
Nurse Consultant – Reproductive Health**

Oxford Fertility Unit  
Women's Centre  
John Radcliffe Hospital  
Headington, Oxford, OX3 9DU

## **AIMS**

- ❖ **to give a broad overview of nursing practice within the United Kingdom**
- ❖ **review current provision of training and academic courses available**
- ❖ **discuss the legal and professional framework**

## **Fertility Nursing – Definition**

**The role of the fertility nurse is to provide a holistic approach to fertility investigation, treatment, and where appropriate, early pregnancy through compassionate, informed and evidence based practice. Fertility nurses work as part of a multi-professional team, who combine to deliver a high standard of care.**

# **Why are nurses extending their boundaries of practice ?**

- ❖ **Increasing employment opportunities for nurses in a competitive and cost conscious healthcare market**
- ❖ **there has been a gradual erosion of boundaries between nursing and medical practice**
- ❖ **changes within the healthcare system, technical innovations and patient needs**
- ❖ **reduction in junior doctors hours**

## **SCOPE required clear structure to support nurse development including :**

- ❖ continuing professional development**
- ❖ management support**
- ❖ substantial education and training to promote high standards of patient care**

*(Martell 2000)*

# What activities are fertility nurses undertaking in the UK ?

Four main areas of expertise :

- ❖ management / co-ordination
- ❖ education
- ❖ research
- ❖ clinical practice

# Management / Co-ordination

Key features include

- ❖ referral review
- ❖ financial management
- ❖ quality management
- ❖ ISO 9001:2000

# Management / Co-ordination

- ❖ **Human Fertilisation & Embryology Authority - data returns**
- ❖ **Clinical Governance**
- ❖ **Co-ordination of treatment cycles**



# **Specialist Fertility Nursing in the United Kingdom**

- ❖ **Historically evolved from equal participation in a multi-professional team**
- ❖ **Supported by consultant's philosophical perspectives on nursing role**

## **Nursing role involves :**

- ❖ Patient information evening lecture**
- ❖ Undertaking new patient consultation, consent completion, explanation of andrology results and appropriate treatment options**
- ❖ performing drug appointment**

# **Nursing role involves :**

- ❖ **Undertaking vaginal ultrasound scans**
  - **baseline**
  - **saline**
  - **follicular tracking**
  - **early pregnancy**

## **Nursing role involves :**

- ❖ **Cycle planning**
- ❖ **Participating in hCG decision making**
- ❖ **Assisting at oocyte retrieval**
- ❖ **Performing pregnancy test and review of cycle**
- ❖ **Cycle planning**

## **Nursing role involves :**

- ❖ **Counselling and referral to the independent counsellor**
- ❖ **Coming to terms with loss**
- ❖ **How to access adoption services**
- ❖ **Patient support groups**

# **Nursing role involves :**

**New developments within specialist practice include:**

- ❖ nurses performing oocyte retrieval (OCR),**
- ❖ surgical sperm retrieval (SSR),**
- ❖ hysteroscopy.**

# **Nursing role involves :**

**New developments within specialist practice include:**

**❖ Nurse prescribing within ART**

**All new developments are supported by specific training such as Non Medical Prescribing Modules based in Universities**

- ❖ **Take medical histories**
- ❖ **Consent completion**
- ❖ **Implications counselling**
- ❖ **Referral to other agencies**
- ❖ **Perform oocyte retrieval**
- ❖ **Perform surgical sperm retrieval**
- ❖ **Consent completion**
- ❖ **Perform embryo transfers**



# **Nurse Led Clinics**

- ❖ **Holistic care**
- ❖ **Promote compliance**
- ❖ **Liaison with other services**
- ❖ **Improve factual knowledge levels**
- ❖ **Decrease anxieties**
- ❖ **Improve patient information**
- ❖ **Co-ordinate care pathways**
- ❖ **Improve health promotion**

# **Independent Nurse Prescribing Model**

**Nurse/Midwife is legally authorised and regulated to independently prescribe medications for patients / clients in his / her care**

**They are responsible for the assessment of patient, determining the patient's problems (aided by the ordering and reviewing laboratory reports and blood tests)**

**A diagnosis is made that may require the prescription of a medication**

**They have full accountability and responsibility for this action**

# Prompts for Nurse Prescribing

- ❖ Greater responsiveness to patient's needs
- ❖ Time saving for patients, relatives, nurses, reception staff and GPs
- ❖ Streamlining of district nursing practice
- ❖ Travelling time and cost for patients and nurses greatly reduced
- ❖ GP appointment time saved
- ❖ Increased professional autonomy and job satisfaction

# Factors influencing the nurse patient interaction:

- Interactions with nurses are more informal than with doctor
- Wider discussion on aspects of their lives with nurses as opposed to doctors
- Patients appear to spend more time with nurses than doctors
- Patients seem more willing to talk to nurses about their problems

# **Infertility Assessment**

## **History taking:**

- ❖ **Previous medical history,**
- ❖ **Allergies,**
- ❖ **Age, weight, height, BMI,**
- ❖ **Duration infertility,**
- ❖ **Cycle length,**
- ❖ **Associated problems,**
- ❖ **Hormone profile – FSH, LH, testosterone, prolactin, TFTs**
- ❖ **Luteal phase progesterone, current medication**
- ❖ **Tubal status**
- ❖ **Semen analysis**

# Infertility Assessment

**Discuss risk – multiple pregnancy – OHSS**

**Ultrasound assessment pelvis**

**- PCO**

**Clomifene citrate 50mg day 2-6**

**Scan approx day 12-7**

**- FSH – 150iu day 2 + 3 days dose to 75 if required**

# Managing Treatment

Ultrasound scans are performed on a regular basis to assess follicular development. When the woman is administering subcut FSH injections as a NMP I can adjust her dosage depending on her ovarian response. It improves the clinical delivery of care, reducing waiting times and providing appropriate information on the treatment response

## **Benefits of nurse prescribing**

**Patient care seems to improve with the introduction of nurse prescribing, as described earlier. Greater access and improved communication seem to be two of the main areas positively affected by nurse prescribing.**



## **Competencies - Background**

**National research was undertaken to establish the roles, skill and working patterns of nurses working in infertility units.**

**Identify the training needs of nurses and the management and educational provision required in support of this.**

# Competencies

**When performing an specialist role a nurse should ensure that she is competent and accountable for her actions.**



# Competencies:

specialist competencies  
for fertility nurses



# Education

- ❖ In house training
- ❖ Assessment of clinical competence
- ❖ Certificate in Fertility Nursing
- ❖ Diploma / BSc in Women's Reproductive Health
- ❖ Ultrasound course

# **Training and Education**

**Course should include the following:**

- ❖ Psychological aspects of infertility**
- ❖ Funding and financing of treatment and the impact on the client**
- ❖ Community services and joint working with fertility services**

- ❖ **In-depth knowledge of the reproductive cycle in women & men: in relation to investigations and treatments**
- ❖ **HIV screening, management & care in relation to fertility and the impact on fertility**
- ❖ **Dynamics of couples and relationships**
- ❖ **Information giving and communication skills**

- ❖ **Health promotion**
- ❖ **Donation, surrogacy, pre-treatment counselling & assessment of clients**
- ❖ **Ethical and legal issues**
- ❖ **Relevant research implications**
- ❖ **Cultural issues**
- ❖ **Clinical supervision**
- ❖ **Assessment of clinical competence**

# The RCN Fertility Nurses Group

- ❖ 1987 Special Interest Group
- ❖ 1990 FNG Forum
- ❖ Achievements
- ❖ Surveys of Infertility Nurses
- ❖ Standards of Care
- ❖ Guidelines
- ❖ Training Courses
- ❖ Competencies



# **RCN Fertility Nurses Group**

- ❖ **861 Members**
- ❖ **Annual Conferences**
- ❖ **Newsletters**
- ❖ **RCN Website**
- ❖ **Regional Seminars**

# **Understanding Human Fertility**

**The course is for practitioners who provide direct services or assist as members of a multi-disciplinary team with investigations, treatment or subsequent care for infertility**

**The course will enhance the scope and practice of practitioners for the benefit of clients and provide essential knowledge required to support couples undergoing fertility treatment**

# **Managing Infertility**

**This course is for practitioners who have been working in fertility clinics for at least 1 year**

**This course is central to the role of the practitioner providing care to the infertile couple and provides essential knowledge required to make informed choice and offer holistic care for clients**

- ❖ **RCN Women's Health Programme**
- ❖ **Distance Learning Course**  
**Ultrasound Course**
- ❖ **British Fertility Society – Embryo transfer course**
- ❖ **Transvaginal ultrasound course**
- ❖ **Management of Ovulation**

# BFS Approved Theoretical Courses

<i>COURSE</i>	<i>LENGTH</i>	<i>ORGANISED BY</i>
Embryo transfer	one day theoretical course	BFS
Pelvic ultrasound	Two day theoretical course	BFS
Management of the Infertile couple	Three day theoretical course	BFS / RCOG
Assisted reproduction	Three day theoretical course	BFS / RCOG

# **Counselling Skills for specialist nurses working in a fertility setting**

**The aim of the course is to help nurse/midwives working in fertility clinics to develop counselling skills to understand and support patients in distress during their fertility journey.**

# **Counselling course for fertility nurses**

## **Content:**

- **Definition of counselling**
- **Clarification of implication, support and therapeutic counselling**
- **Developing counselling skills**
- **Breaking bad news**
- **Loss & Grief in the context of infertility**

# **Ultrasound in Infertility**

**Distance learning university course**

**Content:**

**Ultrasound in the management of infertility**

**Understanding equipment**

**Developing ultrasound technique**

**Understanding and defining images**



**The responsibility for safe practice lies primarily with the individual practitioner, supported by peers, senior staff and professional bodies such as RCN, NMC, BFS and RCOG.**

**Developed autonomy has led to more nurses specialising in specific areas of health care – supported by appropriate professional or academic courses.**

**D**

- ❖ **Indemnification**
- ❖ **Levels of Competence**
- ❖ **Vicarious Liability**
- ❖ **Clinical Supervision**

# Accountability and Responsibility

## ❖ **Accountability: being answerable for actions and/or omissions**

- **The NMC (2004) reminds us “You are personally accountable for your practice. This means that you are answerable for your actions and omissions, regardless of advice or directions from another professional” 1.3**

## ❖ **Responsibility: being answerable for consequences of actions and/or omissions**

- **When you prescribe for a patient you are taking on the legal responsibility of prescribing**

# Areas of Accountability

## **PUBLIC**

- Criminal law
- Criminal courts

## **PATIENTS**

- Civil law
- Civil courts

## **PROFESSIONAL**

## **PROFESSION**

- Code of professional conduct
- NMC (UKCC)
- HPC

## **EMPLOYER**

- Contract of employment
- Industrial tribunal

**Undertaking an extended role implies levels of competence to ensure safe practice and enhanced patient care.**

**Standards of practice are provided at many levels starting with:**

- ❖ Unit protocols**
- ❖ Trust guidelines**
- ❖ RCN guidelines**
- ❖ BFS guidelines**
- ❖ NMC guidelines**

**Autonomy provides nurses with the opportunity to take on further responsibility and accountability for their decisions. But nurses must ensure the level of accountability they wish to take on and the safe boundaries of their practice.**

*(Cullen 1996)*

# Indemnity Insurance

“The RCN indemnity insurance scheme covers members 24 hours a day, is worldwide and applies in any setting. Members are covered by the RCN indemnity scheme provided that they are undertaking “professional services” which subsequently lead to personal injury, or damage to the physical property of third parties”.

*(Caufield 1999)*



**Collaboration within the multi-professional team is crucial in the provision of care.**

**Key characteristics of collaboration include:**

- ❖ **excellent communication skills;**
- ❖ **respecting the value of colleagues' roles;**
- ❖ **the ability to share points of view**

- ❖ **confidence in own role;**
- ❖ **trust;**
- ❖ **shared planning and decision making;**
- ❖ **team approach;**
- ❖ **non hierarchical relationships**

*(Lockhart-Wood 2000)*

# Conclusion

**Fertility nurses have a varied and extensive role within ART in the UK. It is a challenging and demanding speciality and nurses must work with the legal and professional frameworks provided by:**

- ❖ **Nursing and Midwifery Council**
- ❖ **Royal College of Nursing**
- ❖ **Human Fertilisation & Embryology Authority**

# Contacts

**Derby Ultrasound Course –**  
**[a.m.minton@derby.ac.uk](mailto:a.m.minton@derby.ac.uk) 01332 591655**

**Greenwich Fertility Course**  
**[R.T.Delaney@gre.ac.uk](mailto:R.T.Delaney@gre.ac.uk) 0208331 7594**

**Counselling Course**  
**[dihayden@blueyonder.co.uk](mailto:dihayden@blueyonder.co.uk) 01173770862**

# Websites

**NMC**

**<http://www.nmc-uk.org>**

**HFEA**

**<http://www.hfea.gov.uk>**

**BFS**

**<http://www.britishfertilitysociety.org.uk>**

**RCN**

**<http://www.rcn.org.uk>**