

The next chapter in promotion to healthcare professionals:

Nurse prescribers

It has been well documented that pharmaceutical companies target medical professionals and pharmacists to increase sales of their products.ⁱ That pharmaceutical companies can thereby influence prescribing and dispensing practices which can lead to less than optimal treatment choices, to the detriment of patient health, is also well documented.ⁱⁱ In the rise of nurse prescribing, pharmaceutical companies have targeted nurses as another group of healthcare professionals who can influence the consumption of medicines.ⁱⁱⁱ

What is Nurse Prescribing?

In some European Union (EU) Member States, nurses can now prescribe medicines. Although originally implemented in the United States (US) in the 1960's^{iv}, Sweden advanced the practice in 1994, the United Kingdom (UK) in 1998, Ireland in 2007 and the Netherlands and Spain are now undergoing legislative and procedural amendments to follow suit.^v The Finnish Government has also proposed that nurses working in national public health centers are given a limited right to prescribe medication to patients in their care^{vi}. In Portugal debates are ongoing between the nursing profession and the medical profession with regard to implementing the practice.^{vii}

Reasons for Nurse Prescribing

The reasons for implementing the practice of nurse prescribing vary amongst the EU countries. The primary reason given is to improve patients' treatment with access to safe, effective and high quality medicines.

More specifically, governments and regulatory bodies have sought to achieve this to:

- Utilise nurses' experience and skill more effectively;^{viii}
- Supplement the shortage of physicians, especially in remote areas of the country and/or to reduce the workload of doctors;^{ix}
- Reorganise the distribution of workload in health centers;^x
- Address concerns regarding nurses prescribing when it had hitherto been beyond their legal roles.^{xi}

The divergence in reasons given for nurse prescribing is reflected in the non-uniform qualification requirements, the training they receive, the regulation of the practice and the general extent of the practice amongst the EU Member States. For example, in the UK, independent nurse prescribers who have undergone training can prescribe from the entire British National Formulary (BNF), including unlicensed medicines, while Sweden only provides a limited formulary of permitted prescription medicines to nurse prescribers in comparison to medics.^{xii} As a general standard, nurses must have undergone specific training to prescribe medicines and must be experienced.

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Evaluation of Nurse Prescribing

A majority of research and knowledge stems from the UK because of its progressive approach in developing the role of nurse prescribers since the 1990s. Despite concerns about varying levels of professional training, nurses and general practitioners agreed that nurse prescribing worked well. Patients found nurse prescribing provides increased satisfaction, faster access to treatments, improved health information and a closer relationship with the prescribing nurse.^{xiii}

The Pharmaceutical Industry

The expanding role of nurses in Western Europe has made them a potential target for pharmaceutical promotion. Speaking at an event in 2004, Tina Billett, the then supplementary prescribing manager of Janssen-Cilag, confirmed: "We are seeing more nurse-led clinics, walk-in centers and consultant nurses. This means that nurses are the ones who are actually interfacing with the patients, so they are the people that the pharma companies need to be courting."^{xiv}

Research confirms that nurse prescribers are targeted by the pharmaceutical industry and actively sought out through office visits and invitations to dinners and special events.^{xv} Moreover, continuing professional development (CPD) education has become one of the most important opportunities for pharmaceutical companies to try to influence nurse prescribers. Davies and Hemingway (2006) highlight the problem arising from the lack of funding for nurses' continuing education in the UK and they suggest that the pharmaceutical industry could suitably fill this gap in resources and expertise.^{xvi} This funding gap gives pharmaceutical companies an opportunity to build relationships with nurses in order to subsequently sell their products.

Without independent facilitation, training and materials, free from the influence of the pharmaceutical industry, there are serious concerns about the objectivity of the CPD provided. A study of 123 community nurses in the UK found that 50% of the nurses sampled stated that they were influenced by information from pharmaceutical companies.^{xvii}

Good Prescribing Practice- the need to train Healthcare Professionals

HAI Europe has a longstanding commitment to the training of healthcare professionals. Together with the World Health Organisation (WHO), HAI published the manual on 'Understanding and Responding to Pharmaceutical Promotion: A Practical Guide'. Targeted at future healthcare professionals, the manual aims to train students to identify promotion, assess it and make good choices to benefit their patients' health. The entire manual could be used as part of the nurse prescriber's curriculum or it can be used on a chapter by chapter basis. Chapters include examples from academic literature, from the media and activities related to:

- Techniques that influence the use of medicine;
- Analysing drug advertisements;
- Regulation of drug promotion;
- Using unbiased prescribing information; and
- Promotion, professional practice and patient trust.

Given their ever-changing role, nurses need to be equipped with the skills to make prescribing decisions based on the most objective evidence, not the most effective promotion.

The manual can be freely downloaded in English, Spanish and Russian using the links below:

Understanding and responding to pharmaceutical promotion: A practical guide:
http://www.haiweb.org/10112010/DPM_ENG_Final_SEP10.pdf

Comprender la promoción farmacéutica y responder a ella: Una guía práctica:
http://www.haiweb.org/10112010/DPM_SPA_Final_SEP10.pdf

Как распознавать продвижение лекарств и как к нему относиться: Практическое руководство : http://www.haiweb.org/10112010/DPM_RU_Final_SEP10.pdf

For more information on HAI Europe's projects on the rational use of medicines, please visit: <http://haieurope.org/work-areas/rational-use-of-medicines-2/>

ⁱ Ebeling M., 'Beyond Advertising; the Pharmaceutical Industry's Hidden Marketing Tactics' (2008) *PR Watch*, www.prwatch.org/node/7026

ⁱⁱ World Health Organisation (WHO). Health Action International (HAI), Understanding and Responding to Pharmaceutical Promotion-: A Practical Guide'(WHO/HAI 1st edn. 2005).

ⁱⁱⁱ Davies J., 'Pharmaceutical Influences- Nurse Prescribers: Eyes Wide Open'(2006) *Nurse Prescriber* 1(12).

^{iv} Kroezen, Van Dijk, Groenwegen and Francke., 'Nurse Prescribing of Medicines in Western European and Anglo-Saxon countries: A Systematic Review of Literature'(2011) <http://biomedcentral.com/info/authors>

^v *Ibid*

^{vi} Tynkkynen L.K., 'Limited Right for Nurses to Prescribe Medication- National Institute for Health and Welfare (THL)' Bertelsmann Stichtung (2010) http://www.hpm.org/en/Surveys/THL_-_Finland/15/Limited_right_for_nurses_to_prescribe_medication.html;jsessionid=F055AF767525D832194E496A1048A927?p_c:185=185&content_id=251&a=sc&language=en

^{vii} 'Enfermeiros querem receitar Medicamentos. Concorda?'(2011) *Expresso*

<http://aeiou.expresso.pt/enfermeiros-querem-receitar-medicamentos-concorda=f652980>

^{viii} In the UK and Ireland particularly. Evans D., 'Mental Health Nurse Prescribing : Challenges in Theory and Practice' (2009) *Mental Health and Learning Disabilities Research and Practice*, 6, 97-106.

^{ix} In Sweden, Faucher M., 'Prescriptive Authority for Advanced Nurse Practitioners: A Blueprint for Action'(1992) *Journal for Paediatric Healthcare* 6, 25-31.

^x In Finland, Tynkkynen L.K., 'Limited Right for Nurses to Prescribe Medication- National Institute for Health and Welfare (THL)' Bertelsmann Stichtung (2010) http://www.hpm.org/en/Surveys/THL_-_Finland/15/Limited_right_for_nurses_to_prescribe_medication.html;jsessionid=F055AF767525D832194E496A1048A927?p_c:185=185&content_id=251&a=sc&language=en

^{xi} In the Netherlands, Kroezen, Van Dijk, Groenwegen and Franke, 'Nurse Prescribing of Medicines in Western European and Anglo-Saxon Countries: A Systematic Review of the Literature'(2011)

<http://www.biomedcentral.com/info/authors>

^{xii} Kroezen, Van Dijk, Groenwegen and Franke, 'Nurse Prescribing of Medicines in Western European and Anglo-Saxon countries: A Systematic Review of the Literature'(2011)

<http://www.biomedcentral.com/info/authors/>

^{xiii} Luker et al as cited by Lay Flurrie K., 'The impact of prescribing in wound care on nurses and patients' (2002) www.nursingtimes.net/nursing-practice/clinical-specialism/wound-care/the-impact-of-prescribing-in-wound-care-on-nurses-and-patients/199946.article

^{xiv} Tina Billett at an educational event ran and cited by the PM Society, Marketing Module: Nurses- the Future Influencers and Prescribers (2004) www.pmsociety.org.uk/report/marketing-module%3A-nurses-the-future-influencers-and-prescribers

^{xv} Davies J and Hemingway S. 'Pharmaceutical influences-Nurse Prescribers: Eyes Wide Open'(2006) *Cambridge University Press/ Nurse Prescriber* 1(12).

^{xvi} *Ibid* 15

^{xvii} While A. and Biggs K. 'Benefits and Challenges of Nurse Prescribing' (2004) *Journal of Advanced Nursing* 45(6).