**Non-Medical Prescriber experiences of training and competence to report Adverse Drug Reactions**

**Background:** UK Epidemiological data suggest that Adverse Drug Reactions (ADRs) are responsible for significant healthcare utilisation and account for 6.5% of hospital admissions. The Yellow Card Scheme (YCS) is the cornerstone of pharmacovigilance in the UK relying on spontaneous reports alongside data from clinical trials and pharmacovigilance studies. Non-medical prescribing was introduced to allow patients quicker access to the medicines without compromising patient safety. Healthcare professionals have a responsibility to report to the YCS but Non-Medical Prescribers (NMPs) are often better placed than non-prescribers to identify ADRs. It is therefore important that NMPs receive appropriate initial and subsequent training on the identification and reporting of ADRs.

**Aim**: To gain an understanding of NMP confidence in identifying and reporting ADRs, explore NMP prescribing habits and engagement with the YCS and investigate the desire of NMPs for future training in the identification and reporting of ADRs.

**Methods:** An online questionnaire was developed by members of Liverpool Health Partners Yellow Card Working Group and Yellow Card Centre North West to address these aims. The questionnaire was circulated via local and regional NMP Leads in the North West of England. The flow of the questionnaire was dependent upon the responses provided.

**Results:** 570 responses were available for analysis. The majority of responders were nurses (68.1%) or community practitioners (21.1%). Less than half (n=219; 38.4%) reported submitting a Yellow Card to the YCS, and the majority of those individuals have submitted five or less Yellow Cards; 28 responders reported more than five submissions. Being professionally qualified for more years (*B*=-0.30, *P*<0.0005; 95%CI 0.96 to 0.99), and receiving additional training support about the YCS (*X*2=14.7, *P*<0.0005) were associated with an increased likelihood of submitting to the YCS. There was a positive linear relationship between confidence in identifying ADRs and likelihood of reporting to YCS. There was also a significant association between confidence and the number of Yellow Cards submitted (*P*<0.0005), but this did not follow an absolute linear trend. The most common reason given (n=261) for never having reported to the YCS was “I have never seen an adverse drug reaction”.

**Conclusion:** Training appears to give NMPs confidence in reporting ADRs, but there seems to be a gap in actually identifying ADRs given the comment that most had never seen an ADR. Strategies for improving the translation of theoretical knowledge about ADRs into practical skills in identifying ADRs, and subsequently reporting them, will be important.