INTRODUCTION

Under-reporting of Adverse Drug Reactions (ADRs) is a global public health concern and is a major limitation of spontaneous reporting systems. (1) This prevents risk from being quantified and results in excessive delay in triggering alert signals and in negative repercussions on public health globally (2).

The Yellow Card Scheme (YCS) is the principal system for reporting ADRs in the UK. (1)

Only 6–10% of serious ADRs are reported through the YCS and under-reporting of ADRs by healthcare professionals is a key contributing factor. (1)

Non-medical prescribing is an evolving and expanding discipline in the UK and Non-medical Nurse Prescribers (Nurse NMPs) form the largest sub-group of these professionals (1).

ADR reporting by nurses including non-medical nurse prescribers (Nurse NMPs) at the Countess of Chester Hospital NHS Foundation Trust (CoCH) is currently poor.

AIMS

To ascertain the level of awareness of Nurse NMPs at CoCH about the YCS, explore their attitudes towards pharmacovigilance and identify related training needs and barriers to improve ADR reporting rates.

METHOD

Two phases:

Qualitative first phase: Semi-structured interviews conducted with a purposive sample of 11 nurse NMPs from different specialties recruited by e-mail invitation. Participants who had an opportunity to attend a recent Yellow Card Centre North West (YCCNW) pharmacovigilance training session were asked about their views on content. The findings were analysed thematically using NVIVO 11 software until thematic saturation was reached.

Quantitative second phase: to observe whether pharmacovigilance training offered would improve ADR reporting by Nurse-NMPs at CoCH.

RESULTS & DISCUSSION

Participants were aware of the YCS as a scheme but were not competent in using it because of gaps in knowledge about:

- Who can or should report ADRs
- ADR reporting criteria and
- Available reporting methods

Indifference towards ADR reporting was recorded and the reasons listed were:

- Lack of feedback to reporters and
- Misconceptions that the process is time consuming without ultimately making a difference to patient care.
- False assumption that certainty must be established before ADRs are reported.

These factors are modifiable through education.

Practical barriers to ADR reporting were:

- The difficulty in identifying ADRs partly as a result of narrow personal formularies
- Absence of reminders and
- The inefficiency of reporting systems in facilitating reporting at convenient times

Participants reported major gaps in recalled pharmacovigilance training across all Non-Medical Prescribing qualifying courses attended, independent of the institution and identified the following training needs:

- Highlighting the value and positive impact of ADR reporting
- Highlighting the YCS criteria of which ADRs to report
- Illustration of the different reporting methods including the recently launched "yellow card app"
- Assistance with recognising potential adverse drug reactions
- Information on the processing of submitted information (quantitative and qualitative signal generation)
- Incorporation of continuous update sessions, feedback circulars, and visual and electronic reminders of the YCS

YCCNW training material was found to meet training needs. Nonetheless, the impact of training was limited in magnitude and duration.

CONCLUSION

Improvement of ADR reporting activity requires a multi-disciplinary approach incorporating the use of team champions

- Publicity campaigns
- More efficient use of technology to enhance the reporting experience eg. the "yellow card app" and in-built ADR reporting systems within electronic clinical systems

- Periodical tailored training and feedback to reporters.

- Review of pharmacovigilance contents of Non-medical training programs.

REFERENCES
