Attn Chief Pharmacist
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To whom it may concern

Re: ACT Pharmacist Vaccination Program

Australian College of Nursing (ACN) welcomes the opportunity to provide comments on the ACT Pharmacist Vaccination Program. ACN welcomes any program that improves access to vaccinations for the Australian community. However, ACN believes that a nationally consistent curriculum for immunisation providers should be developed and that all immunisation providers should acquire their qualifications through education programs delivering such a curriculum. Further, ACN believes that authorising nurse immunisers to prescribe most vaccines in the planned amendment of the Medicines, Poisons and Therapeutic Goods Act 2008 would be administratively efficient and contribute to improved access to vaccinations.

Please do not hesitate to contact me for any further discussion relating to this submission.

Yours sincerely

[Signature]

Kathleen McLaughlin
Acting Chief Executive Officer

30 October 2015
Submission on Proposed introduction of an ACT pharmacist vaccination program

Introductory statement

Australian College of Nursing (ACN) supports the implementation of any health policy designed to improve equitable access to immunisation services. Improving such access may increase the rate of vaccination in the community and deliver improved levels of immunity in the community. However, improved access to vaccinations should not be traded-off for the level of safety in vaccination delivery currently achieved. ACN is strongly of the view that all immunisation providers must, at all times, demonstrate the knowledge and skills to practice according to relevant legislation, best practice, and follow the recommendations published in the most recent edition of The Australian Immunisation Handbook developed by the Australian Technical Advisory Group on Immunisation (ATAGI) and National Vaccine Storage Guidelines from Australian Government, Department of Health and Ageing. Further, ACN believes that a nationally consistent curriculum for immunisation providers should be developed. ACN is of the view that all health care professionals eligible to train as immunisation providers should be qualified through education courses delivering a nationally consistent curriculum.

ACN notes that the ACT government plans to amend the Medicines, Poisons and Therapeutic Goods Act 2008 to authorise pharmacists to administer vaccines to patients without prescription. While this initiative has the potential to improve access to immunisations, ACN believes that concurrently authorising accredited immunisation nurses would be administratively efficient and contribute to increasing immunisation rates in the community. Nurse immunisers are a resource available within the existing health care workforce and are educationally well prepared to provide such a service.

General observations to the discussion paper

The discussion paper on the pharmacist vaccination program does not provide all of the information ACN requires to articulate detailed comment in all instances. For example, the paper does not give a definition of the term ‘defined circumstances’ under which pharmacists are envisaged to vaccinate without prescription. It also does not provide a definition for the term ‘community pharmacy’. In these instances ACN provides broad commentary only. The inclusion of a glossary in the discussion paper could have provided the definitions necessary to inform the consultation.
Consultation question 1: Do you support the introduction of a pharmacist vaccination program in the ACT?

ACN supports a pharmacy vaccination program provided by pharmacists in principle. However, ACN strongly believes that all immunisation providers should undertake education courses delivering a nationally consistent curriculum open to all eligible health professionals. Further, guidelines need to be in place that ensure the ongoing competence and continuing professional development of pharmacists providing vaccinations. These guidelines must ensure the annual review of best practice policy for immunisation to maintain authority to immunise and attaining an annual statement of proficiency in cardio-pulmonary resuscitation and the management of anaphylaxis.

ACN considers vaccinations delivered by pharmacists trained as immunisation providers in community pharmacies to be inappropriate if the vaccine has a high profile of side effects and/or requires the immuniser to have comprehensive skills in clinical assessment. For example, vaccines that require recipients to have a comprehensive clinical assessment prior to its administration or that are associated with a significant risk of adverse reaction are unsuitable for administration by a pharmacist in a community setting.

Further, ACN does not support a pharmacist vaccination program if the model presents a risk to continuity of care. Fragmentation is likely to occur where multiple doses are required for the vaccination to be effective or if the administration of a vaccine requires follow-up to evaluate effectiveness.

ACN supports the planned requirement for ACT pharmacies to report relevant data to the Chief Health Officer. In ACN’s view the implementation of any health initiative needs to be evaluated in terms of effectiveness, efficacy and safety. ACN also recommends that all adverse events following immunisation be reported to the local Public Health Unit, and that vaccines administered to children <7 years of age are also reported to the Australian Childhood Immunisation Register in order to ensure that vaccination records do not become fragmented.

Consultation question 2: Do you believe a pharmacy vaccination program should be limited to the influenza vaccine?

ACN believes that, at the current level of development of this type of service, limiting a pharmacy vaccination program to the influenza vaccine to be appropriate. The administration of the influenza vaccine is associated with a low risk of adverse side effects and does not require any follow-up by a health professional. ACN would support the expansion of the pharmacy vaccination program to include other vaccines with a low profile of side effects if mechanisms were implemented to ensure (1) continuity of care and (2) effective communication with appropriate health professionals involved in a person’s care.

Consultation question 3: Do you believe a pharmacist vaccination program should be limited to community pharmacies?
ACN assumes that a community pharmacy is a pharmacy that is located outside a hospital setting. In ACN’s view there is no reason to restrict immunisations to such pharmacies.

**Consultation question 4: What (vaccine recipient) age limits (if any) do you believe should be included under a pharmacist vaccination program?**

ACN is of the view that as the registration of influenza vaccines specifies at what age the vaccine can be administered to children, this should be upheld. ACN believes however, that pharmacists providing influenza immunisations to children must be equipped to safely manage the administration of vaccines to younger age groups and understand the relevant differences in doing so relative to immunising adults.

Routine childhood immunisations in particular should continue to be delivered through Maternal, Child and Family Health nurse services or General Practitioners so that developmental and other health assessments are able to be conducted concurrently. ACN is therefore opposed to such immunisations being undertaken by pharmacists. This approach will prevent health advancement opportunities being lost through service fragmentation.

**Consultation question 5: What do you see as the key benefits, risks and implementation issues of an ACT pharmacist vaccination program?**

**Benefits:** The pharmacist vaccination program has the potential to improve the community’s access to influenza vaccinations.

**Risks:** A potential risk could be that health planners may rely on pharmacists to fill gaps in the provision of immunisation services. If for instance, a pharmacy discontinues the delivery of immunisations a service gap may result. Pharmacist provision of immunisations must therefore be seen as an adjunct to existing health services rather than a replacement or alternative for all immunisation services.

Advertisements of any pharmacist immunisation program need to make it clear to consumers that they may be unable to receive vaccines subsidised under the National Immunisation Program. Prior to receiving the service potential vaccine recipients must be informed of the full out-of-pocket cost they will incur.

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