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| Victorian Pharmacist-Administered Vaccination Program expansion and review |
| Consultation – February 2023 |
| OFFICIAL |

# Introduction

Since 2016, the Victorian Pharmacist-Administered Vaccination Program (the program) has been supporting Victoria’s public health efforts against vaccine-preventable disease. Authorising pharmacist immunisers to administer approved vaccines provides greater public access to vaccination, including for people who are at most risk of complications from vaccine preventable disease.

The **objectives** of the program are to:

* support the delivery of safe and high-quality immunisation services
* reduce or avoid the disease burden associated with vaccine preventable diseases by increasing access to National Immunisation Program (NIP) and state-funded vaccines, including for vulnerable groups
* be responsive to Victorian public health immunisation needs and continually improve.

The Department of Health (the department) seeks key stakeholder input to **address two key areas of program enhancements**. Your views are sought on:

1. the scope of the recently announced **expansion** to the program, to include travel and other public health vaccines (see **section 3**); and
2. **ongoing improvement ideas** for the program in line with the program objectives (see **section 4**).

Information received through this process will be used to inform scope and implementation considerations of the announced program expansion**.**

Other ongoing improvements ideas for the program identified through the consultation process may be subject to further consultation in 2023.

# 2. Lodging a submission

A template has been developed to support submissions and is available at **section 7**. Organisations may respond to either, or both, program enhancement areas.

Submissions must be lodged to the Immunisation Unit via email at immunisation@health.vic.gov.au by the close of business, **22 March 2023**. Should you require more time, please contact the Immunisation Unit to discuss the best approach.

If you have further questions about this process or would like to make time to discuss your proposal with the department prior to submission, you can contact **Emma Scott, Senior Policy and Projects Officer, Immunisation Unit** via email at: immunisation@health.vic.gov.au.

# 3. Program expansion

On [23 November 2022, the Andrews’ Government committed to exploring opportunities for trained pharmacists to administer travel vaccinations](https://www.danandrews.com.au/news/delivering-more-access-to-care-for-common-conditions).

**Existing mechanism for travel vaccine administration**

Victorian pharmacists who are trained and competent in administering vaccines are currently able to administer travel vaccines under a written instruction of a medical practitioner. Under this model, people planning overseas travel must seek travel advice from a general practitioner or other travel medicine specialist who writes a prescription for all medicines required for travel. These travel medicines can then be dispensed, and vaccines administered by a pharmacist.

**Proposed model for travel vaccine administration**

It is proposed that the [Secretary Approval: Pharmacist Immuniser](https://www.health.vic.gov.au/immunisation/pharmacist-immunisers) (the Approval) is amended to enable pharmacist immunisers to administer the following vaccines, without a prescription or other instruction from an authorised prescriber, following completion of additional training:

* hepatitis A vaccine to people aged 5 years and older;
* hepatitis B vaccine to people aged 5 years and older;
* poliomyelitis vaccine to people aged 5 years and older; and
* typhoid vaccine to people aged 5 years and older.

The [Approval](https://www.health.vic.gov.au/immunisation/pharmacist-immunisers) currently prohibits pharmacist immunisers from initiating administration of approved vaccines (such as diphtheria-tetanus-pertussis and influenza vaccines) for travel purposes. This expansion proposal would also seek to remove this exclusion from the Approval, with the exception of Japanese encephalitis which will still only be administered as per the requirements in the department’s [Japanese encephalitis virus webpage](https://www.health.vic.gov.au/infectious-diseases/japanese-encephalitis-virus).

The provision of vaccines for the purposes of travel in a pharmacy setting will be at the person’s expense if they are not eligible for a NIP vaccine. Pharmacies may also charge a vaccine administration/consultation fee, in addition to the cost of the vaccine(s). This fee structure is in line with other travel healthcare services offered.

The department will work with primary care stakeholders to ensure that pharmacist immunisers expanding their individual scope of practice to include initiating administration of approved travel vaccines without the need for prescription receive the necessary training, guidance and support (see **Section 5.3** for detail).

Complex patients, including patients with medical conditions such as immunocompromise or pregnancy, or where other treatments may be recommended for the travel destination that are outside the proposed scope of the pharmacist immuniser Approval (e.g. rabies or yellow fever vaccination, malaria prophylaxis) will be referred to their preferred medical practitioner or travel medicine service by the pharmacist immuniser. Patients requiring medical certification for travel or occupational purposes will also be referred for appropriate care.

Precedent exists in New South Wales for pharmacist immuniser-led administration of the hepatitis A, hepatitis B, poliomyelitis and typhoid vaccines in persons aged 5 years and older.

**Expansion proposal: You are invited to provide feedback on the proposal to authorise Victorian pharmacist immunisers to administer the hepatitis A, hepatitis B, poliomyelitis and typhoid vaccines to people aged 5 years and older and to allow pharmacist immunisers to administer approved vaccines for the purposes of travel.**

# 4. Program improvements

You are invited to submit a proposal identifying improvement opportunities that contribute to the program objectives. Each proposed idea should be clearly articulated and address the following questions:

* How will the proposed idea seek to address the program objectives?
* Are there any safety risks associated with the proposed idea and how would you propose these be mitigated (e.g. additional training or competency requirements)?
* Will the proposed idea address a public health need, or improve access to National Immunisation Program (NIP) or state-funded vaccines?

Example**:**

*An example of a proposal received through an earlier consultation relates to* ***expanding the immunisation workforce****. Pharmacist immunisers must hold general registration with the Pharmacy Board of Australia, and have completed a Victorian immuniser training program recognised by the Chief Health Officer, and hold cardiopulmonary resuscitation (CPR) and first aid certification to administer approved vaccines in Victoria. It has been proposed that the immunisation workforce is expanded to include provisionally registered pharmacists (intern pharmacists) and interstate-authorised pharmacist immunisers. Submissions made through this process may consider the benefit of this workforce expansion, and include proposed training and supervision models to support their inclusion.*

Further background about the current program is detailed in **section 5** of this paper.

# 5. Program background

## 5.1 Authorisation

The *Drugs, Poisons and Controlled Substances Regulations* *2017* (the Regulations) enable the Secretary to the department to approve a Schedule 4 poison for administration by a pharmacist immuniser, and to specify the conditions in which pharmacist immunisers are authorised to administer the Schedule 4 poison (the [Approval](https://www.health.vic.gov.au/immunisation/pharmacist-immunisers)).

Vaccines currently authorised for administration by pharmacist immunisers in Victoria are:

* influenza vaccines to people aged 5 years and older;
* human papillomavirus (HPV) vaccines to people aged 12 years and older;
* diphtheria-tetanus-pertussis (DTP) vaccines to people aged 12 years and older;
* measles-mumps-rubella (MMR) vaccines to people aged 15 years and older;
* meningococcal ACWY vaccines to people aged 15 years and older;
* pneumococcal vaccines to people aged 50 years and older;
* herpes zoster (shingles) vaccines to people aged 50 years and older;
* Japanese encephalitis vaccines to people recommended for government-funded vaccine, aged 5 years and older;
* mpox vaccines to people recommended for government-funded vaccine, aged 5 years and older; and
* COVID-19 vaccines to specific cohorts of people approved by the Therapeutic Goods Administration or recommended by the Australian Technical Advisory Group on Immunisation (the target cohort ages are vaccine dependent; this vaccine is authorised under a separate [COVID-19 Secretary Approval](https://www.health.vic.gov.au/immunisation/pharmacist-immunisers)).

Pharmacist immunisers can provide approved vaccinations in a variety of pharmacy-based settings (hospitals, community pharmacies and pharmacy depots; the COVID-19 vaccination arrangements differ), in addition to providing outreach and mobile vaccination as a service offering of the pharmacy/depot/hospital.

Under all circumstances, pharmacist immunisers should provide vaccination services in accordance with their professional practice expectations, the Regulations and the Approval(s). The Approvals are available from the department’s Pharmacist immunisers webpage at: <https://www.health.vic.gov.au/immunisation/pharmacist-immunisers>.

## 5.2 Program requirements

The Victorian Pharmacist-Administered Vaccination Program Guidelines (guidelines) describe the requirements of the program and support pharmacist immunisers to provide safe, high-quality immunisation services. The guidelines are available from the department’s webpage at: <https://www.health.vic.gov.au/immunisation/victorian-pharmacist-administered-vaccination-program-guidelines>.

## 5.3 Training

[Pharmacist immunisers](https://www.health.vic.gov.au/immunisation/pharmacist-immunisers) are required to complete an [‘Immuniser program of study’](https://www.health.vic.gov.au/immunisation/programs-of-study) that has been recognised by the Victorian Chief Health Officer (CHO) and aligns with the National Immunisation Education Framework for Health Professionals. The training includes administration of all vaccines on the NIP Schedule to all eligible age groups. Additional training is required for vaccines not on the NIP Schedule, including for COVID-19, Japanese encephalitis and mpox vaccines. Pharmacist immunisers are also required to hold CPR and first aid certification, and complete ongoing professional development (some mandated through the Approvals) to ensure that they have appropriate competency and currency of practice in immunisation.

It is envisaged that additional training for the administration of travel vaccines will be undertaken by pharmacist immunisers wishing to expand their individual scope of practice, to ensure that they can safely and competently administer the approved travel vaccines and provide other pre-travel care. The department will source travel medicine expertise to develop a competency framework for travel vaccination training. Immunisation education providers will be encouraged to develop training modules in alignment with the competency framework and the modules will be reviewed and recognised by the Victorian CHO (or their delegate). This training model replicates the current requirements for the ‘Immuniser program of study’ in Victoria.

The guidelines will be updated with additional clinical and practical guidance to support the proposed expansion. Pharmacist immunisers will need to access these, along with other available immunisation guidelines, training and resources, to ensure competency and currency of practice when administering the approved travel vaccines to the target cohorts of people.

The training and guidance materials will detail the scope of the pharmacist immuniser practice obligations and include examples of practice beyond the scope of the program, where patient referral to a medical practitioner or other travel medicine specialist is required.

## 5.4 Rates of vaccine administration by pharmacist immunisers

Immunisation coverage rates as reported to the Australian Immunisation Register (AIR) indicate that pharmacist immunisers are seen as a trusted and accessible immunisation provider. In 2022, approximately 22% of seasonal influenza vaccinations in Victoria were administered in a community pharmacy. Community pharmacy also provided a vital contribution to Victoria’s COVID-19 Vaccination Program.

Government-funded vaccine distribution and AIR data indicates that influenza and COVID-19 vaccinations are the predominant vaccines administered by pharmacist immunisers, but there remains low uptake and administration of many other NIP vaccines. Opportunities to increase uptake of NIP vaccines in Victoria (in pharmacy settings or otherwise) are sought and will be considered as part of this review to inform any changes to the program scope.

## 5.5 Safety and quality

The department provides [advice on reporting *significant* AEFI (adverse events following immunisation) to SAEFVIC](https://www.health.vic.gov.au/immunisation/adverse-events-following-immunisation-reporting), through its website and guidelines. The department welcomes suggestions on how to increase sharing of information, increasing knowledge of vaccine error/breaches/AEFI detection and collaborative management, and increased compliance with reporting requirements.

An opportunity exists to better support all immunisers to adhere to current standards, guidelines and protocols for the provision of safe and high-quality vaccination services, appropriate management of adverse events and to comply with requirements relating to documentation and reporting. Your valued suggestions for improvement of this program, where transferrable, can support wider improvements to immunisation in Victoria.

# 6. Next steps

Feedback received through this consultation process will be used to inform the scope of the announced expansion and will help to identify any issues that need to be addressed prior to implementation. Resources to support implementation will be developed, such as a travel vaccine training competency framework and the associated training.

It is anticipated that the program expansion will be in place in mid- to late-2023.

Program improvement opportunities will be assessed by the department and may require further consultation with stakeholders prior to implementation.

The department will continue work with key sector stakeholders to ensure all approved changes are clearly communicated.

# 7. Sample submission template

The following template may be used to assist with your submission (but is not a requirement). If more than two program improvement ideas are proposed, please copy part 2 of the table.

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| **Pharmacist-Administered Vaccination Program review - response**  |
| Name of the organisation (or nominated person(s) if it is a group) making the submission  |  |
| Preferred contact details of the above person(s) |  |
| Organisation/Individual(s) submitting the proposal(s) |  |
| **Part 1: Proposed expansion to the program** |
| Do you support the proposal to authorise Victorian pharmacist immunisers to administer the hepatitis A, hepatitis B, poliomyelitis and typhoid vaccines to persons aged 5 years and older? If your organisation does not support the expansion proposal, please advise why, or suggest amendments. |  |
| Do you support the proposal to authorise Victorian pharmacist immunisers to administer approved vaccines for the purposes of travel? If your organisation does not support the expansion proposal, please advise why, or suggest amendments. |  |
| **Part 2: Program improvement ideas** |
| **Summary of proposed idea 1**Please provide a summary of your proposed idea.Indicate how the proposed idea would be implemented, and provide any suitable data to support the idea. |  |
| How will the proposed idea seek to address the program objectives? | *The objectives of the program are to:** *support the delivery of safe and high-quality immunisation services*
* *reduce or avoid the disease burden associated with vaccine preventable diseases by increasing access to National Immunisation Program (NIP) and state-funded vaccines, including for vulnerable groups*
* *be responsive to Victorian public health immunisation needs and continually improve.*
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| Are there any safety risks associated with the proposed idea and how would you propose these be mitigated (e.g. additional training or competency requirements)? |  |
| How will the proposed idea address a public health need or improve access to National Immunisation Program (NIP) or state-funded vaccines? |  |
| **Summary of proposed idea 2**Please provide a summary of your proposed idea.Indicate how the proposed idea would be implemented, and provide any suitable data to support the idea. |  |
| How will the proposed idea seek to address the program objectives? | *The objectives of the program are to:** *support the delivery of safe and high-quality immunisation services*
* *reduce or avoid the disease burden associated with vaccine preventable diseases by increasing access to National Immunisation Program (NIP) and state-funded vaccines, including for vulnerable groups*
* *be responsive to Victorian public health immunisation needs and continually improve.*
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| Are there any safety risks associated with the proposed idea and how would you propose these be mitigated (e.g. additional training or competency requirements)? |  |
| How will the proposed idea address a public health need or improve access to National Immunisation Program (NIP) or state-funded vaccines? |  |