

## Pharmacist-Administered Vaccination Program

### Consultation Response

#### Introduction

Health Issues Centre (HIC) was invited by The Department of Health & Human Services (the department) to provide written feedback on the implementation of a Pharmacist-Administered Vaccination Program (the program) in Victoria commencing in 2016.

The program will enable pharmacists with general registration to administer influenza vaccines under the National Immunisation Program and pertussis-containing vaccines under the Victorian Government's Parent Whooping Cough Vaccine Program to eligible adults 18 years of age and over, subject to a pharmacist's service fee.

#### Methodology

HIC consulted its consumer network via an online survey. Consumers were invited to respond to the six questions outlined in *The Background and Consultation Response Template* paper. Consumers were provided with all the relevant background documentation. Despite the unrealistically short timeframe allowed, 25 respondents completed the survey, indicating that consumers are keen to be engaged on this initiative. The aggregated opinions of these consumers are presented below, overlaid with our own professional insights where appropriate.

#### Results

**1. Do you have any concerns with pharmacists being able to administer the recommended Schedule 4 poisons (influenza vaccines and pertussis-containing vaccines) without an instruction from a registered medical practitioner, dentist, nurse practitioner or an authorised registered midwife?**

Support for pharmacists being able to administer the recommended Schedule 4 poisons without instruction from registered and authorised practitioners is qualified by a number of concerns. Even though the majority of respondents indicated they supported the initiative this was subject to the following pre-conditions.

Consumers need to be assured that the pharmacists will have the right level of education, training and qualifications; the pharmacist has a good knowledge of the client's history or access to their clinical history to ensure adverse impact between medications and vaccinations is not a risk; it was also pointed out that the program removes continuity of care with a patient's general practitioner.

Other concerns and questions relate to the following issues:

Dealing with an adverse reaction:



*In the case of an anaphylactic reaction will the pharmacist be competent at inserting an IV cannula or injecting IM adrenaline?*

Pharmacist's knowledge of underlining medical issues:

*For people who do not have a pharmacist familiar with their medical/health conditions and medications taken, I feel this may be a dangerous move*

Disclosure

*Pharmacist requires full disclosure of all medicines (including alternatives/complementaries and all conditions an individual has in order to ensure the person's safety.*

Lack of expertise and time poor

*I do not believe that pharmacists have the expertise or knowledge to administer anything by injection. Most pharmacies are very busy and the pharmacists would not have the time to discuss the eligibility of a customer's medical history to consider the appropriateness of the vaccination to that client*

*Pharmacists appear to be very busy people and I would have a concern that they would have sufficient time to be focused on the patient and undertake appropriate background checks with the person requesting the vaccination.*

## **2. Do you have any concerns regarding the conditions proposed for the Secretary's Approval on pages 4-5?**

Consumers were mainly in support of the conditions proposed for the Secretary's Approval. Although it was felt that, the conditions were thought out and sensible, the importance that pharmacists are aware of patients' medical history and any recent medical conditions that might cause reactions to the vaccines was re-stated.

## **3. Do you have any concerns with pharmacists using the Australian Immunisation Handbook as a guideline for administration of vaccines and management of patients experiencing an adverse event?**

Results from this survey question show that consumer support for the program requires trust and assurance. To build confidence, consumers need to be guaranteed that pharmacists undergo regular training to ensure they are qualified to administer the vaccines. This also requires all guidelines are up to date and there is a clear understanding of the patient's adverse history. Furthermore, concerns were raised regarding complex medical conditions and health literacy.



One example that was cited was that some patients might have multiple conditions that may not be outlined in a handbook.

*For health literate people with a well-educated account of their medical needs, getting a flu shot at a pharmacy would be very handy but I can see the dangers for other members of society.*

Some responses indicated the importance of reassurance regarding the pharmacist's skills. For example, "Is the chemist familiar with injecting people?" "Familiar with adverse reaction to vaccination?" and "Is there enough room to rest vaccinated people for a period?" The last question pertains more to the space and privacy required to implement the program.

#### **4. Do you have any concerns regarding recommended poisons (influenza vaccines and pertussis-containing vaccines) listed for Secretarial Approval?**

There was mainly support for Secretarial Approval. One concern was about patient records. A patient record needs to include details of these important vaccinations.

*Will a comprehensive record be possible if a pharmacist undertakes the vaccination? In addition, vaccinations are a good opportunity for general practitioners to have discussions with patients about their overall health and preventive health actions. This opportunity for holistic primary care is missed if patients receive their vaccinations at a pharmacist.*

#### **5. Do you have any concerns regarding the process or criteria for Recognition by the Chief Health Officer of a program of study for Immunisers?**

Most consumers surveyed indicated support as long as the study program had been undertaken.

Assurance around Quality Control was reiterated. Comments included:

*Need for regular and frequent evaluation and adequate recording system of any adverse event, including poorly administered vaccinations.*

*Where data are available that a pharmacy is not performing well that pharmacy should lose the right to vaccinate.*

#### **6. Do you have any other comments/suggestions about the Pharmacist-Administered Vaccination Program?**

The following comments from consumers have been categorised under sub-headings to capture the essence of the concerns and the issues important to the community.



## Access & Privacy:

- Properly administered consumers should benefit through ease of access, no long waits in GP waiting rooms and more time for GPs to attend to patients.
- It is not clear to me how consumers will access the service. If it is by prescription the above benefits disappear.
- Most pharmacies I know do not have facilities for privacy of administration and many have no spare space. How will multiple access of the service be avoided especially with confused patients?
- There are issues of privacy with prescription medicines for individuals being easily able to be seen in pharmacies. Very few pharmacies have somewhere private to administer vaccinations or even weight control programs. Where does a person have an adverse reaction...do they pass out on the carpet? Bad idea. We're not sheep.
- I applaud this initiative to make the availability of vaccines more accessible and more convenient for residents of Victoria
- I think this is a great way forward. I look forward to streamlining the process to gaining vaccinations.

## Cost

- As long as the cost is reasonable

## Quality and safety

- How will adherence to these procedures be monitored?
- Maybe designated chemists fully trained to administer vaccinations and trained to assess at-risk patients
- I think it's wrong, only someone with full health training and educated about the side effects should be able to do it.
- Many people requiring these vaccinations e.g. over 65s and people with long term illnesses will be seeing a GP regularly so will have vaccinations done as part of GP appointment. This will reduce the numbers of people using pharmacy vaccination service and this may mean that some pharmacists do not get a critical mass of experience. However think it is worthwhile to pilot it as pilots were done many years ago in the methadone program.
- Many physician clinics have a clinical nurse who administers vaccinations directed by the GP who has the patient's medical records and can provide back up if needed. Most of these visits to the RN are bulk billed

## Overseeing committee

- Ensure that if there is an overseeing committee that you have a least two consumers on this committee or like committee.



## Creating an efficient system

- I think it's a great idea to shift the bottleneck at GP and community health clinics for routine vaccinations.
- It will save a lot of time and inconvenience to general patients wanting vaccinations

## Support

- It would be a great thing if it were to happen
- I am not in support of the Pharmacist-Administered Vaccination Program.
- The guidelines set out appear to be rigorous. I would suggest ad hoc / unannounced auditing of registered pharmacies to ensure that the process is being followed.
- This idea is quite a good one and I am surprised no one has instituted it earlier.

## Conclusion

Consumer feedback indicates general support for the program, subject to governing conditions.

### Competency

One of the key underlying messages was a call for rigorous training and qualifications. Consumers wish to know that pharmacists will undergo training that will be regularly updated and monitored.

### Health record

Consumers raised the importance of full disclosure to ensure the pharmacist is aware of any medications that the patient is taking, and any other conditions that might impact on the vaccination. This also raised concerns regarding how pharmacy interventions would make their way back to the GPs client health record.

### Privacy

Space was also important to consumers and questions were raised about how people's privacy would be maintained.

In general there was support for this initiative and recognition that it could effectively reduce clinic bottlenecks. However, even those who support the initiative expressed some reservations. While these reservations have practical solutions, it indicates that introduction of the initiative would need to be accompanied by a confidence-building campaign that reassures consumers of matters of competence, potential adverse events, privacy and continuity of care.



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