

# Pharmacy Council Response

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The Ministry of Health invites input from the health and disability sector into a proposed change to the Medicines Regulations 1984. The change involves expanding the scope of the [COVID-19 Vaccinator Workforce](#) into a new Vaccinating Health Worker role.

## Proposed Vaccinating Health Worker Role – Survey

### PROPOSAL QUESTIONS

8. **Please indicate your overall support level for Vaccinating Health Workers administering vaccines to people aged 12 and up**

Conditional support – see benefits but have a couple questions or concerns

9. **Please indicate your overall support level for Vaccinating Health Workers administering vaccines to people aged 5 and up**

Conditional support – see benefits but have a couple questions or concerns

10. **Please provide any comments IN SUPPORT of the proposed changes to the Medicines Regulations 1984 to introduce ‘Vaccinating Health Workers’**

A greater number of vaccinators from more diverse backgrounds has appeared to support Aotearoa New Zealand (NZ) achieve its COVID-19 vaccination targets in a manner which outweighs relative patient safety risks and harm. Based on lessons learned from the COVID-19 immunisation programme and an environment of high health workforce demands, The Ministry’s effort to increase the capability, capacity, diversity, and cultural competence of the vaccinator workforce to support wider, better, and more equitable immunisation outcomes in general for New Zealanders thus appears logical and of significant benefit with relatively little risk and harm for the public. Te Pou Whakamana Kaimatū o Aotearoa / Pharmacy Council is a Responsible Authority established by the Health Practitioners Competence Assurance Act (HPCA Act) 2003. Our purpose is to protect the public by making sure pharmacists are competent and fit to practise. From a competence perspective and based on lessons learned from the national COVID-19 immunisation programme, it appears vaccines could be safely provided by vaccinator health workers (VHWs) with relatively short periods of practical training and with active assistance and supervision of a fully trained health professional.

11. **Please indicate your level of support for introducing a capability matrix in this context**

Conditional support – see benefits but minor changes required

12. **What do you like about the draft capability matrix?**

We support the graduated nature of the matrix that allows a VHW to take on greater levels of responsibility as their competence and experience grows.

13. **What do you feel is missing from the draft capability matrix?**

The Pharmacy Council would like further clarification and details added to the draft capability matrix relating to 1) clarifying supervision requirements and accountability, 2) pathway to regulated health professionals.

14. **What do you feel needs to be changed about the draft capability matrix?**

We would like to see a more robust mechanism for progress to the next levels. Simply accumulating a set number of hours or delivering a set number of

vaccinations does not provide robust evidence of the quality of that practice or readiness to advance. Required additional training or assessment would provide a higher level of assurance.

We would like to better understand the rationale for providing advanced progress to Overseas Health Professionals. Depending on their vocation, an Overseas Health Professional may have no more experience or ability to vaccinate than a layperson. Accelerated pathways should be offered to those that have proven competence in the vaccinating activity.

**15. Do you have any other comments regarding the draft capability matrix concept?**

Te Pou Whakamana Kaimatū o Aotearoa / Pharmacy Council is the regulator of pharmacist practice and controls entry into the profession. At this stage it is important to note that pharmacy technicians are not regulated under the HPCA Act 2003. Without additional detail it is challenging to support the proposal to provide level 3 VHWs (or equivalent) as a pathway into the pharmacy profession. It is unclear whether the proposal is to facilitate a pathway to become a registered health professional (RHP) or to facilitate entry into a non-HPCA Act healthcare role (e.g., pharmacy technician). If the proposal is to allow entry into a non-HPCA Act healthcare role, for example a pharmacy technician, then there already appears little barrier to entry. If the proposal is, however, to facilitate a pathway to become a pharmacist, then there appears minimal crossover in competencies. This is demonstrated by fact that a fully qualified pharmacist must undertake additional training and assessment to become a pharmacist vaccinator. Experience in vaccinating does not substantially substitute for content within the Bachelor of Pharmacy, or the intern training programme – both of which are training programmes required to register as an intern pharmacist.

**16. Please indicate if you have any SIGNIFICANT CONCERNS about the proposed changes in relation to the following areas**

**Accountability**

In meeting our purpose to ensure pharmacist competence and fitness to practice we are involved in the management complaints and notifications received where pharmacists may not be meeting the required standards for competency and fitness. From a RA perspective, we would like to better understand the:

- 1) **Regulatory mechanisms and complaints/disputes resolution process and place for the proposed VHWs** or how they might be regulated, if any. For example, for RHPs there are mechanisms to address unprofessional, unethical, practices, or instances where patient harm occurs. What are the pathways for VHWs?
- 2) **Accountability of supervisors:** Currently it was noted within the proposal that the RHP supervisors will not be accountable for the VHW. Will there be further guidance on the responsibilities of the RHP and the level of supervision expected – especially in relation to establishing a Just Culture (i.e. vs. no blame culture)? What are the mechanisms to ensure that the VHW and RHP have a shared understanding of their respective responsibilities and exactly who is accountable irrespective of workplace (i.e., ensuring shared understanding across different RHPs and VHWs across different workplaces)? Or is this the responsibility of the RHP and VHW to determine on a situational basis according to the specific circumstances?
- 3) **Accountabilities of VHW:** A VHW may not have deep appreciation of some of the core tenets of healthcare such as patient confidentiality, informed consent, patient empowerment and autonomy, communication, patient-centred care, duty

of care, shared decision-making, cultural safety, beneficence and non-maleficence, and so it is important that role remains purely a technical one.

### **Clinical supervision**

Can you provide clarification of the requirements for a RHP to be suitable to supervise a VHW? Presumably the RHP will need to be qualified to administer the vaccine in question themselves and have a certain minimum amount of experience. The pharmacy profession also has intern pharmacists who are qualified to vaccinate (and are registered health professionals), but who themselves must only practise under the supervision, until pharmacist registration is achieved. We would not advocate for an intern pharmacist being able to supervise a VHW.

### **Relativities to other roles**

How will the Ministry mitigate the potential unintended consequence that RHPs will be disincentivised to maintain their status as a RHP if employment can be gained as a VHW? This may be an attractive option if a RHP can gain similar employment and remuneration as a VHW, without being subject to the additional responsibilities required to maintain RHP status. This would result in diminished rather than increased health system capacity.

### **17. Please describe any significant concern(s) you have about the proposed changes**

How will the Ministry assure that VHWs maintain competence? For example, if a VHW takes other employment and then seeks to practise again, how will the Ministry be assured that their knowledge and skills remain contemporary? Can a VHW who continually exhibits substandard practice be removed from practice or otherwise have risk mitigators applied?

Will there be a VHW register maintained? How will a VHW provide proof of their status as a VHW and their capability matrix level?

### **18. What other related work is in progress, or would ideally be initiated, to support this role?**

### **19. Do you have a suggested alternative name for the role other than 'Vaccinating Health Worker'?**