AMA Queensland Submission

Amendments to the EPA Pharmacists

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AMA Queensland thanks Queensland Health for the invitation to make a submission on proposed changes to the *Medicines and Poisons (Medicines) Regulation 2021* and Extended Practice Authority – Pharmacists (EPA Pharmacists).

The associated consultation paper sets out the changes in three broad categories which can be summarised as follows:

- **1. Vaccines:** increasing the vaccine **types and age groups** for which pharmacists can administer vaccines.
- **2. Locations:** broadening the locations in which pharmacists can administer vaccines.
- **3. Administration of all scheduled medicines:** enabling pharmacists to administer all scheduled medicines, including S4 and S8 medicines.

Submissions related to each of these proposed amendments are set out below.

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1. Vaccines: types and age groups

The proposed changes to the vaccine types and age groups for which pharmacists can administer vaccines goes drastically beyond that currently permitted in any other jurisdiction in Australia. AMA Queensland cannot support such unjustified expansion and submits Queensland Health have provided insufficient evidence for the proposal.

Pharmacist administration of vaccines must occur in a collaborative model to ensure sufficient supports are in place for safe and effective best-practice patient immunisation. Permitting pharmacists to vaccinate in isolation, particularly for children under 5 years, risks non-diagnosis of development delays and maternal/paternal illness since it is only medical practitioners, nurse practitioners and community health nurses who are trained to perform comprehensive child and maternal/paternal health checks.

A childhood immunisation appointment is not only an opportunity to provide vaccines, but also screen for developmental delays, perinatal health issues in the parents and discuss preventive strategies (e.g. safety around the home, prevention of SIDS, private vaccines not included in the NIP). Doctors often also diagnose speech and language delays during vaccination appointments and, if there is a delay in such diagnosis, it can affect a child's social interaction and school performance. For these reasons, it is critical that vaccination occurs in collaborative, doctor-led models.

Best practice standards also demand travel vaccines be administered only following prescription by a medical practitioner to ensure appropriate health screening and assessment is undertaken. This is because pre-travel vaccinations are an integral part of travel medical consultations which must be interactive and tailored for the particular patient. Travel medical consultations include more than just travel vaccination. Doctors review the patient's medical history, risk of travel (e.g. DVT risk) and provide patients tailored advice and scripts to ensure overall safe travel.

Vaccination requirements are also specific not just to the individual but the nuances of the patient's travel itinerary. A systematic approach is required as well as knowledge of disease risks and vaccine details. This is particularly crucial for patients with comorbidities and complex health conditions. Travel vaccinations simply cannot be reduced to a protocol, check-list or set of tables.

In addition, retail pharmacies currently do not have the same standards and protocols that are followed by medical practitioners working in general practice, such as the ability to:

- administer vaccines in a private consulting room;
- ask necessary screening questions to identify health risks;
- conduct a developmental screen or health assessment;
- complete record-keeping and other documentation to required standards; and
- request patients remain in the clinic/pharmacy for specified periods after vaccine administration to ensure assistance can be rendered in the event of adverse reactions.

Finally, AMA Queensland draws to the Department's attention the following issues, including the selective presentation of information and questionable omissions concerning vaccine administration, within the consultation paper:

- Page 3 refers to an Appendix 2, however, this appendix has been omitted in the consultation paper.
- Page 4 states 'there has been reduced uptake of adolescent vaccination through school immunisation programs' and, whilst acknowledging vaccine hesitancy may be a contributing factor, still relies on the argument of increasing access to immunisation services for expanding pharmacist scope for vaccine administration.

Page 5 likewise states 'It is anticipated improving access to routine vaccination services through pharmacies will assist in increasing childhood and adolescent vaccination coverage rates'. This assertion cannot be supported with respect to school immunisation programs and Queensland Health must release the evidence upon which these statements have been made.

- Page 4 states community pharmacies administered approximately 15% of all COVID-19 vaccines to persons aged 5 years and older during the Queensland vaccine rollout to support the statement in the paper that 'Pharmacists have provided an important service to the Queensland population, administering a large proportion of vaccines and easing the demand on general practice'. The paper does not, however, provide any evidence to support the statement that this eased pressure on general practice. This evidence must be released.

  Likewise, the paper does not provide any statistics on the number of vaccines administered in other health settings including general practice, community health clinics and public hospitals and health services. This data must also be immediately released by Queensland Health.

- Page 5 states 'As such, there is little justification for continuing to restrict the list of vaccines pharmacists are authorised to administer' without any evidence to support this statement. Again, such evidence must be immediately released and reasons given for the failure to include it in the consultation paper.

- Page 5 also states 'The list of proposed vaccines (see below) provides consistency with the vaccines pharmacists are authorised to administer in other jurisdictions'. This statement is wholly incorrect and grossly misleading. Queensland Health's own analysis clearly shows this statement to be false.

  Appendix 1 of the consultation paper unquestionably shows the proposed expansion of the type of vaccine goes beyond just those on the NIP Schedule to also include certain travel vaccines. This is also insufficiently noted in the consultation paper and, therefore, misleading.

  Similarly, the proposed age groups to whom these vaccines can be administered is 'All' ages, which is far beyond that currently in place in other jurisdictions. The table below demonstrates this dramatic and unjustifiable expansion.

Vaccine	National Immunisation Program Schedule	Proposed Age	Youngest age currently permitted in Australia (other than in Qld)
Influenza	Yes	All ages	**5 years**
dTpa	Yes	All ages	**10 years**
MMR	Yes	All ages	**10 years**
Hib	Yes	All ages	**10 years**
Hep B	Yes	All ages	**5 years**
Meningococcal ACWY	Yes	All ages	**10 years**
Meningococcal B	Yes	All ages	**10 years**
Pneumococcal	Yes	All ages	**50 years**
Herpes zoster/varicella	Yes	All ages	**50 years**
Poliomyelitis	Yes	All ages	**5 years**
Human papillomavirus	Yes	All ages	**10 years**
Rotavirus	Yes	All ages	**None**
Hep A	**No** (other than for Indigenous children)	All ages	**5 years**
Cholera	**No**	All ages	**None**
Japanese encephalitis	**No**	All ages	**5 years**
Typhoid	**No**	All ages	**5 years**

- Page 5 states 'By increasing the locations that pharmacists can vaccinate through... the changes will ensure... an increased range of vaccines can also be administered'. This statement is completely nonsensical – there is no relationship, nor evidence provided in the consultation paper, to demonstrate increasing the *locations* for vaccination administration causes an increase in the *range* of vaccines administered.

  Both vaccination administration location and type of vaccine permitted to be administered is regulated under legislation. AMA Queensland submits that this statement is therefore misleading

and represents a cynical and indefensible attempt to justify the expansion of the types of vaccines as proposed in the consultation paper.

The statement on page 5 also references the COVID-19 and influenza vaccines in relation to the expansion of administration locations. AMA Queensland submits that pharmacists working in locations including general practice, aged care facilities, Aboriginal and Torres Strait Islander health services and those listed on page 6 of the consultation paper (the 'Expanded Health Services') must not be limited to COVID-19 and influenza vaccines but authorised for all vaccines within the EPA Pharmacists and for which community pharmacy and public sector hospitals are authorised.

Whilst the paragraph on page 5 lacks clarity (which may be the reason for this ambiguity), any restriction on the Expanded Health Services that is not likewise imposed on community pharmacy and public sector hospitals is devoid of evidence and entirely unjustifiable.

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2. Locations

AMA Queensland wholeheartedly welcomes the proposal to broaden the locations in which pharmacists may administer vaccines. We have been advocating for this change for some time, including writing to the Minister in April this year on the topic as part of the Queensland GP Alliance and alongside the Pharmaceutical Society of Australia.

Pharmacists working within general practice do so as valued members of a multidisciplinary team, led by a general practitioner (GP) and supported by a range of allied health and administrative staff. They deliver vaccines in line with best-practice guidelines, including consulting with patients in private rooms; screening for comorbidities and complex health conditions; complying with record-keeping and documentation requirements; and ensuring patients remain on-site for a sufficient period after administration to ensure assistance can be rendered in the event of any adverse reactions.

The robust clinical governance and accreditation standards of general practices in Queensland and the close collaboration between GPs and pharmacists in general practice is a safer setting for pharmacists to use their full training in vaccine administration than other locations where pharmacists work in isolation. Many of our GP members also report this allows their clinics to administer more vaccines to more patients in less time without any compromise to safety, quality or high health care standards.

This is a welcome amendment and AMA Queensland congratulates Queensland Health on the proposal.

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3. Administration of all scheduled medicines

AMA Queensland supports administration of scheduled medicines by pharmacists in existing authorised settings and the Expanded Health Services where the patient has a valid prescription from a medical practitioner.

Pharmacist prescribing, dispensing and administering of S4 and S8 medicines, however, creates a conflict of interest given the profits retail pharmacies derive from prescription medicines. This violates the prescribing-dispensing separation that is a hallmark of best practice health services and cannot be supported. It is also noted that no other Australian jurisdiction permits prescribing and dispensing by

pharmacists of S4 and S8 medicines (as detailed in the consultation paper) and adherence to this approach must continue.

AMA Queensland reiterates this stance since the consultation paper is somewhat unclear on whether the proposal includes consideration of an expanded prescribing function for pharmacists (but acknowledges this is clarified towards the end of the relevant section in the dot points under 'Proposed changes' on page 9).

Similarly, it is not clear if the proposal is to permit pharmacist administration of S4 and S8 medicines in both existing authorised settings and the Expanded Health Services as set out on page 6 of the consultation paper. Page 9 simply states 'Under the proposed changes, pharmacists would be authorised to administer medicines in a variety of health contexts' but fails to clearly articulate or define 'variety of health contexts'.

Any proposal that would enable pharmacists in community pharmacies and public hospitals and health services to administer medicines that are not likewise authorised for administration by pharmacists working in the Expanded Health Services is indefensible and completely lacking in scientific or policy rigour. Whilst it is unclear if this is the intent of the proposed changes, AMA Queensland reiterates that pharmacists working in the Expanded Health Services must not be limited vis-à-vis their colleagues in existing authorised settings.