



australian
pharmacy
council

Standards for the Accreditation of Programs to Support Pharmacist Administration of Vaccines

March 2019 | Version 1.1

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1. Introduction

1.1. Background

Immunisation is a successful and cost-effective health intervention to prevent (and in some cases eradicate) specific diseases. In Australia, community pharmacy sites have historically been able to provide immunisation services through a nurse-delivered immunisation service model. Proposals for pharmacist administered immunisation began in 2013 as a solution for addressing GP shortages in rural Australia¹ and were soon followed by a pilot in Queensland that demonstrated that pharmacist- delivered immunisation services were feasible, safe and effective².

In 2015, the Australian Pharmacy Council (APC), published the first *Standards for the Accreditation of Programs to support Pharmacist Administration of Vaccines* following confirmation (from the Pharmacy Board of Australia) that administration of vaccines was within the scope of practice of a registered pharmacist. The aim of these standards is to support development and delivery of high quality immunisation education programs for pharmacists.

1.2. National Framework

The *National Immunisation Education Framework for Health Professionals*³ has been published by the Department of Health. This framework supports the *National Immunisation Strategy (NIS) 2013- 2018* by providing a minimum set of curriculum requirements that must be included in immunisation training programs. This will assist providers to develop and implement nationally consistent programs for eligible health professionals.

The Framework is aligned to the national approach for the regulation of health practitioners and will enable mutual recognition of immunisation training programs across states and territories. Development of national credentialing and assessment tools will further support jurisdictions to evaluate immunisation education programs and endorse health professional qualifications.

2. Standards for the Accreditation of Programs to Support Pharmacist Administration of Vaccines 2019

After first being introduced in Australia in 2014, pharmacist administered immunisation has become an important strategy to increase immunisation rates and prevent disease. Initially, only registered pharmacists could be trained and credentialled to vaccinate. Providers of accredited degree programs identified that including immunisation education in undergraduate pharmacy curricula would increase the number of qualified pharmacist practitioners to deliver the service to the community. The revised *Standards for the Accreditation of Programs to Support Pharmacist Administration of Vaccines 2019* (this document) incorporates stakeholder feedback collected in 2018 which called for inclusion of immunisation education within pharmacy degree programs.

¹ . Duckett S, Breadon P. Access all areas – New solutions for GP shortages in rural Australia. Grattan Institute; September 2013. <http://inform.regionalaustralia.org.au/population-and-people/health/item/access-all-areas-new-solutions-for-gp-shortages-in-rural-australia>. Accessed 23 January 2019

² . Nissen L, et al. Queensland pharmacist immunisation pilot phase 1 pharmacist vaccination – Influenza final report. Brisbane: Queensland University of Technology; 2015. <https://eprints.qut.edu.au/91903/>. Accessed 23 January 2019

³ National Immunisation Education Framework for Health Professionals. <https://beta.health.gov.au/resources/publications/national-immunisation-education-framework-for-health-professionals>. Accessed 23 January 2019

Eligibility criteria for APC accredited immunisation training programs for Pharmacists (Standard 1) have been amended in this version of the Standards to include pharmacy students who are enrolled in an APC accredited degree program. This will allow students to take an accredited vaccination training program delivered either within the degree program curriculum or via an external provider (during the period of study). While this change may not preclude students and interns from undertaking an APC accredited immunisation training program, authorisation to administer vaccines is ultimately determined by states and territories through their respective legislation.

The APC recognizes that the *National Immunisation Education Framework* is the primary document for development and delivery of immunisation education programs. The intent of updating the APC standards is to reflect the *National Framework* until the Government (COAG) immunisation harmonisation process⁴ is completed and State and Territory legislation are amended.

⁴ COAG meeting communiqué, 9 June 2017. At <https://www.coag.gov.au/meeting-outcomes/coag-meeting-communique-9-june-2017>. Accessed 18 February 2019

Standard 1. Eligibility and participation

This Standard ensures that pharmacy students enrolled in an Australian accredited pharmacy degree program and eligible pharmacists participate in the program, and that adequate records are maintained for evidence of successful completion.

	Element	Performance Criteria	Evidence Examples
1.1	<p>Enrolment in the program is limited to:</p> <ul style="list-style-type: none"> provisionally registered pharmacists registered pharmacists pharmacy students enrolled in Australian accredited pharmacy degree programs 	<ul style="list-style-type: none"> Program enrolment policies and procedures include a mechanism for confirming eligibility of participants. 	<ul style="list-style-type: none"> enrolment policies and procedures procedures for confirming eligibility of individual participants
1.2	<p>The provider maintains adequate records of individual participants in the program.</p>	<ul style="list-style-type: none"> Sufficient evidence is maintained for each participant as evidence of successful completion of the program. Evidence of completion is retained for the period of time required by State and Territory Health Departments, or 7 years, whichever is greater. 	<ul style="list-style-type: none"> record management policies and procedures examples of records (e.g. forms, templates, databases) procedures for maintaining security of records and confidentiality of participants

Standard 2. Program learning outcomes

This Standard ensures that participants completing the program have achieved the competencies required to administer vaccines.

	Element	Performance Criteria	Evidence Examples
2.1	The program must have a statement of specific learning outcome objectives.	<ul style="list-style-type: none"> Objectives must be actionable statements. Objectives must be specific and measurable wherever possible. Objectives must be linked to the <i>Competencies for administration of vaccines by pharmacists</i> (Attachment 1). 	<ul style="list-style-type: none"> promotional materials presentation materials content of online and journal based activities mapping of the objectives to the Competency Standards
2.2	The provider must use assessment measures appropriate to the learning outcome objectives.	<ul style="list-style-type: none"> The assessment mechanisms are be designed to evaluate an individual's achievement of all of the learning outcome objectives. Evidence gathered to assess a participant's competence must be valid, authentic and sufficient. Integrity in the assessment process is assured. 	<ul style="list-style-type: none"> activity running sheets/timetables details of learning activities/assessments used outline of criteria for determining satisfactory assessment marking guides/templates/rubrics mapping of the assessment measures to the learning outcome objectives

For participants to achieve the competencies for administration of vaccines by pharmacists, it is required that they have:

- a current first aid certificate, equivalent to a Senior First Aid (Workplace level 2) or the unit of competency HLTAID003 Provide First Aid. Currency of training is specified by the relevant state/territory Work Health and Safety Regulatory Authority. It typically remains current for three years; and
- a current cardiopulmonary resuscitation (CPR) certificate. This may be delivered within a first aid certificate. However, as currency of training is typically 12 months, annual completion of a refresher program equivalent to the unit HLTAID001 Provide Cardiopulmonary Resuscitation or equivalent would be expected; and
- completed the online anaphylaxis training course provided by the Australasian Society of Clinical Immunology and Allergy (ASCIA).

It will be at the program provider's discretion as to whether any or all of these form eligibility criteria for participation in their program, are required to be undertaken concurrently with the program, or form part of the program they deliver. However, sequencing in relation to other components of the program (in particular the experiential learning components) must be evaluated as part of the accreditation process.

Standard 3: Program development

This Standard ensures that the process for developing the program engages individuals with the necessary expertise and takes into account relevant jurisdictional requirements and initiatives.

	Element	Performance Criteria	Evidence Examples
3.1	The development of the program must be underpinned by an appropriate process involving suitably qualified subject matter experts.	<ul style="list-style-type: none"> There must be significant pharmacist and/or other subject matter expert (SME) involvement in the development of the program. SMEs involved in program development must be able to demonstrate they are suitably qualified and experienced for their role. Jurisdictional requirements and initiatives are considered in the development of the process. 	<ul style="list-style-type: none"> list of authors/content developers key relevant experience including academic qualifications, credentials and relevant substantive employment or appointment details, as indicators of expertise relevant to the content for the pharmacists and SMEs involved in development description of roles/responsibilities of pharmacists and SMEs involved program content
3.2	The Competency Standards and relevant profession-specific standards and guidelines must be considered in the development of the program.	<ul style="list-style-type: none"> The program content must provide participants with the required knowledge, skills and attributes to achieve the <i>Competencies for administration of vaccines by pharmacists</i> (Attachment 1) to the Element level. Reference/support material for participants must be current and adequate for the breadth and depth of competencies being fostered. 	<ul style="list-style-type: none"> documentation mapping content to the Competency Standards and/or learning objectives (which are in turn mapped to the Competency Standards) program content reference/support material including relevant PSA guidelines and QCPP standards

Standard 4. Educational Methods

This Standard ensures that teaching methods facilitate the integration of new knowledge and skills for participants.

	Element	Performance Criteria	Evidence Examples
4.1	Methods of delivery must promote effective adult learning.	<ul style="list-style-type: none"> Activities delivered face to face must allow time for interaction and questions or otherwise allow active involvement of participants and the opportunity to address problems relevant to practice. Activities that are not conducted face to face (e.g. journal articles, online modules) must be designed using the principles of adult learning⁵ and include active learning components. Sequencing of program components must support a continuum of learning. 	<ul style="list-style-type: none"> details of learning activities/assessments used, including examples of the use of active learning, and principles of adult learning presenter's brief defining the role of the facilitator in monitoring discussions evaluations by participants indicating the usefulness of the activities for learning
4.2	Instructional materials used must enhance participants' understanding of the content.	<ul style="list-style-type: none"> Appropriate instructional materials which are of satisfactory technical quality and current in content must be prepared for the activity. Instructional materials must include references and be dated. 	<ul style="list-style-type: none"> course content details of learning activities/assessments used evaluations by participants in indicating the quality of materials

⁵ The six principles of adult learning have been identified as: adults are internally motivated and self-directed; adults bring life experiences and knowledge to learning experiences; adults are goal oriented; adults are relevancy oriented; adults are practical; and adult learners like to be respected.

	Element	Performance Criteria	Evidence Examples
4.3	The program must have clearly defined experiential learning outcome objectives with learning opportunities in appropriate settings to meet those objectives.	<ul style="list-style-type: none"> Participants must be provided with sufficient opportunity to practice the skill of vaccination administration under adequate supervision. Simulated experiences may support the development of skills and competencies required by pharmacists, but not replace administration of a vaccine to a person (under adequate supervision). 	<ul style="list-style-type: none"> course content details of learning activities/assessments used supervisor credentials supervision guidelines evaluations by participants indicating the usefulness of the activities and the quality of the experiential learning

Experiential learning can contribute to knowledge acquisition (e.g. by observation of a practitioner in the workplace), skills proficiency (e.g. by practice in a simulated environment) or competency (e.g. demonstrating knowledge and skills in the workplace).

Skills in all vaccination administration techniques (e.g. intramuscular, subcutaneous) and in the scope of people to be encountered (e.g. older person who may be underweight with less muscle or skin thickness, individuals with increased muscle density, children and babies) should be fostered over time under the supervision of an appropriately qualified and experienced vaccinator.

It is expected that participants will spend a suitable period of time in a pharmacy premises or other approved vaccination site (according to the relevant State or Territory legislation) and administer a minimum of one (1) subcutaneous and one (1) intramuscular injection to a patient while under the supervision of an authorised practitioner (according to the relevant State or Territory legislation).

Supervisors for clinical practice components of the program may include:

- Registered pharmacists with vaccination experience and authorisation (according to the relevant state or territory legislation)
- Appropriately qualified and authorised (according to the relevant state or territory legislation) registered nurses
- Registered medical practitioners.

Standard 5. Program delivery

This Standard ensures that participants are supported throughout the program to achieve the competencies required to administer vaccines, while protecting the safety of participants and health care consumers.

	Element	Performance Criteria	Evidence Examples
5.1	The delivery of the program must be supported by an appropriate level of expertise.	<ul style="list-style-type: none"> Participants must have timely access to relevant pharmacist and/or other subject matter expert (SME) throughout the delivery of the program. Pharmacists and SMEs involved in program delivery must be able to demonstrate they are suitably qualified and/or experienced. 	<ul style="list-style-type: none"> list of pharmacists and/or other SMEs involved in program delivery key relevant experience including academic qualifications, credentials and relevant substantive employment or appointment details, as indicators of expertise relevant to the content for the pharmacists and SMEs involved in delivery
5.2	The delivery of the program must be supported by appropriate facilities and equipment.	<ul style="list-style-type: none"> The facilities and equipment are sufficient for participants to practice the skill of vaccination administration under adequate supervision. 	<ul style="list-style-type: none"> facility and equipment description consistent with relevant PSA and QCPP guidelines and resources
5.3	The delivery of the program must manage risks associated with vaccination.	<ul style="list-style-type: none"> Supervision is provided for participants to practice the skill of vaccination administration. Supervisors are suitably qualified and/or experienced. Supervisors and participants are made aware of policies and procedures to minimise the risks associated with needle stick injuries and anaphylaxis. 	<ul style="list-style-type: none"> list of qualified supervisors key relevant supervisor credentials supervision guidelines protocols to minimise the risk of needle stick injury, exposure to blood and bodily fluids and the transmission of infectious diseases protocols for post-vaccination monitoring

	Element	Performance Criteria	Evidence Examples
5.4	The program must be delivered in accordance with the application approved.	<ul style="list-style-type: none"> Program modifications must be submitted to the accreditation authority for review. 	<ul style="list-style-type: none"> notification of change

Standard 6. Promotion

This Standard ensures clear communication of activity accreditation and credit value.

	Element	Performance Criteria	Evidence Examples
6.1	Promotion must comply with the APC Accredited Provider Marketing Policy.	<ul style="list-style-type: none"> Involvement of an entity with a commercial interest related to the subject area must be disclosed and the entity must not unduly influence the content, delivery or assessment of the activity. Sponsors of an activity and/or hospitality associated with an activity may only be acknowledged during the activity in such a way as to make it clear that the educational content is independent. 	<ul style="list-style-type: none"> proposed promotional material activity provider's promotion policy conflict of interest policy

Standard 7. Evaluation

This Standard ensures the delivery and outcome of the program is assessed for quality and compliance with the Standards.

	Element	Performance Criteria	Evidence Examples
7.1	Participants must be given the opportunity to evaluate the quality of the program.	<ul style="list-style-type: none"> • The evaluation must assess: <ul style="list-style-type: none"> ○ achievement of learning outcome objectives ○ relevance of activity and content to practice ○ overall satisfaction ○ suitability of delivery 	<ul style="list-style-type: none"> • participant surveys • supervisor feedback
7.2	Providers must comply with Principles 6 and 7 of the Australian Privacy Principles (APP) as found in the <i>Privacy Amendment (Enhancing Privacy Protection) Act 2012</i> .	<ul style="list-style-type: none"> • Suitable policies exist and are implemented outlining how the provider complies with the APP in handling participant information. 	<ul style="list-style-type: none"> • privacy statements • processes for ensuring privacy and confidentiality of participant details and results
7.3	Activities designed for repeated delivery must be subject to periodic review by the developer/provider and incorporate relevant feedback from previous evaluations.	<ul style="list-style-type: none"> • The content of activities must be benchmarked against current practice. • It is expected that all activities will be reviewed and that the review cycle will be sensitive to the rate of change in the area covered by the content. • The provider must notify the accreditor of any changes resulting from a review. 	<ul style="list-style-type: none"> • content and assessment review policy/procedures • notification of change

It is expected that any program to support pharmacist administration of vaccines will be reviewed in its entirety every two years, as well as immediately following the release of new information/guidelines relating to vaccination. The review process undertaken (including whether major or minor), evaluation feedback from activities delivered to date and any changes proposed to be made must be submitted to the accrediting organisation through a notification of change prior to the next scheduled delivery of the activity

