



POSITION STATEMENT

Administration of Medicines from Community Pharmacy

Position

The Pharmacy Guild of Australia (the Guild) supports the administration of medicines from a community pharmacy by pharmacists who have the skills and knowledge to administer these medicines safely. This should be enabled through state and territory recognition of pharmacist scope of practice and the necessary amendment to legislation.

The Guild calls for state and territory legislation to enable pharmacists to work to their full scope in medicines administration, and for this to be consistent across Australia to provide equitable patient access, uniformity of pharmacy practice and service, and to allow workforce mobility. This includes authorising intern and student pharmacists registered with the Pharmacy Board of Australia to administer medicines upon successful completion of training. Pharmacists should also be enabled to undertake other functions that support the administration of a medicine, such as ordering and reviewing laboratory tests.

The Guild believes pharmacist training for administration of medicines, including vaccination training accredited to the required standard, needs to be a nationally recognised qualification accepted by all states and territories as approved training. The ability to undertake administration training should be available to students and intern pharmacists in all jurisdictions, regardless of the authority to administer, to support workforce development in preparation for general registration.

The Guild supports administration of medicines from community pharmacies, as they provide the most accessible health services in the community, especially in regional, rural and remote locations. The Guild believes recognition within all states and territories of the medicines administration activities within a pharmacist's competency, particularly administration of scheduled and unscheduled non-vaccine injectable medicines, would provide great benefit to the communities that pharmacies serve. Many pharmacies trade over extended hours, offering primary health services that are accessible and convenient for their local communities. This has been demonstrated by the number of patients choosing community pharmacy for the administration of their annual influenza vaccines and COVID-19 vaccines.

The Guild supports community pharmacy receiving remuneration for the administration of medicine, either through the Commonwealth, States and Territories and/or private service fees. To reduce out of pocket expenses for patients, the Guild believes that if other health practitioners receive government funding for providing medicines administration services, then pharmacy should also be eligible for government funding and should be remunerated at an equivalent rate.

The Guild supports community pharmacies delivering off-site administration services in jurisdictions where they are authorised to do so under state and territory regulations, ensuring that they meet all requirements including maintenance of the cold chain, having appropriate emergency response protocols in place, and recording of the service.

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Ref: [SP1000-901805690-490](https://www.guild.org.au/SP1000-901805690-490)

The Guild believes off-site administration services should only be delivered as an extension of a community pharmacy's regular administration service in an outreach model provided by a pharmacist engaged by the community pharmacy. This model ensures the service is supported by a clinical governance framework and risk management principles that govern the delivery of clinical services within or from community pharmacies, and which exist to ensure public safety through consistent, safe and effective service delivery under the oversight of the pharmacy owner.

Immunisation

The Guild supports the National Immunisation Strategy 2019-2024, with its key priorities that include improving immunisation coverage across the population, ensuring effective governance of the National Immunisation Program (NIP), and ensuring an adequately skilled vaccination provider workforce.

To achieve the aims and priorities of the National Immunisation Strategy, the Guild supports qualified pharmacists in all states and territories administering all vaccines for all ages, including as part of the NIP. From 1 January 2024, community pharmacies will be remunerated for the administration of NIP funded vaccines, which will reduce out of pocket expenses for NIP eligible patients wishing to be vaccinated in community pharmacy.

The Guild has developed five advocacy resolutions supporting patient vaccination in community pharmacy:

1. The Australian Immunisation Handbook¹ should form the basis of professional guidelines, policies and procedures for pharmacists in each state and territory.
2. Pharmacists with provisional registration (intern pharmacists) should be able to administer vaccines in all jurisdictions provided that they meet and adhere to the state and territory legislative and regulatory requirements and are under the supervision of a pharmacist who is qualified to vaccinate.
3. Vaccines listed for administration by pharmacists should be consistent across all states and territories to provide equity of access to patients across the country. When an addition is made in one jurisdiction, the change should be reflected in other states and territories in due course.
4. All patient age ranges should be harmonised across states and territories.
5. Pharmacist vaccination training accredited to the Australian Pharmacy Council's (APC) *Standards for the Accreditation of Programs to support Pharmacist Administration of Vaccines*² which is aligned to the National Immunisation Education Framework³, should be recognised as approved training across all jurisdictions to allow workforce mobility and consistency of practice.

Background

Administration of Medicines

The administration of a medicine describes the act of introducing a medicine into the body for the diagnosis, treatment or prevention of a medical illness or condition. The most common routes of administration of medicines include oral, sublingual/buccal, topical, transdermal, inhalation and injections. Routes of administration via injection includes intravenous (IV), intramuscular (IM), subcutaneous (SC) and intradermal (ID). The route of administration used is primarily guided by the medicine being administered, although some medicines may be administered using more than one route of administration.

Legislation

The authority to administer a medicine is enabled through state and territory Medicines and Poisons Acts and Subordinate Regulation. Differences exist between state and territory legislation in relation to who has the authority to administer medicines and the types of medicines (unscheduled and scheduled) that can be administered. To provide consistency of pharmacy practice and patient access across Australia, the states and territories must work collaboratively to align legislation and ensure that if the scope of medicines that can be administered is increased in one jurisdiction, this is reflected in other jurisdictions.

Pharmacists who are planning on administering medicines in community pharmacy must meet and comply with the requirements of Commonwealth, state and/or territory legislation. This includes being both trained and authorised to administer medicines.

Training

A lack of recognition by some states and territories of approved training programs completed in another jurisdiction makes workforce mobility more difficult and places an unnecessary financial burden on pharmacists moving from one state or territory to another, who must pay to complete training again. A national training program for the administration of medicines should be developed and accredited to the required standard, for recognition by all states and territories as an approved training program.

The administration of a medicine is a skill that can be learnt through theoretical and practical training that teaches and tests: how to identify the injection site; and, use of the correct injection technique, including preparation of the injection, correct needle size and positioning of the patient. This skill coupled with knowledge of the clinical aspects of the medicine being injected form the competence to safely administer a medicine by injection.

Pharmacists and intern pharmacists who have successfully completed vaccination training have demonstrated the competence to administer IM and SC injections, which can be applied more broadly than the administration of vaccines. The scope of vaccines authorised for administration by a pharmacist is different in each state and territory, meaning training is often state or territory specific and not recognised as approved training programs in other jurisdictions.

The development of accredited training/education that compliments both medicine and injection administration will support pharmacists in community pharmacy administering a greater range of medicines, however this may also need to be enabled by legislative amendment.

Pharmacists and intern pharmacists administering vaccines in community pharmacy must hold current first aid and cardiopulmonary resuscitation qualifications, as well as complete anaphylaxis training to ensure they are appropriately trained to respond to any medical emergencies arising associated with administration.

Pharmacist immunisers are currently trained to administer IM and SC injections. With appropriate training, a pharmacist could attain the skills required to administer medicine using IV and ID routes of administration.

Non-vaccine injectable medicines

The administration of non-vaccine injectable medicines is an area in which pharmacists could provide greater support to patients by utilising the skills and knowledge acquired through completion of vaccination training with additional training targeting different routes of administration. The legal authority for pharmacist administration of unscheduled and scheduled injectable medicines is controlled by state and territory legislation and varies between jurisdictions.

States and territories have actively begun utilising pharmacists for administration of non-vaccine injectable medicines, including long-acting injectable buprenorphine (LAIB) as part of opioid dependence treatment. Pharmacist administration of LAIB creates health system efficiencies by reducing the back and forth between prescriber, patient and pharmacist that has previously been required for dispensing, delivery of medicine to prescriber, and administration of LAIB.

Further health system efficiencies could be gained by pharmacist administration of other non-vaccine injectable medicines where the patient is required to return to the prescriber for administration. This includes medicines such as iron injections and infusions, denosumab and vitamin B12 injections. Additionally, pharmacists could support patients starting on self-administered injectable medicine by administering the patient's first dose to demonstrate correct administration technique and reduce the incidence of patient administration errors.

Immunisation

Vaccination within Pharmacist Scope of Practice

On 5 December 2013, the Pharmacy Board of Australia announced that vaccination was within the current scope of practice of pharmacists. This statement followed work undertaken on its behalf by the then Advanced Pharmacy Practice Framework Steering Committee which involved representation from the Guild.

The Guild's Scope of Practice of Community Pharmacy⁴ strategy document asserts the role of pharmacists in reducing instances of vaccine-preventable diseases and recommends legislative enablement for pharmacists to deliver all vaccines to meet preventative care requirements for all Australians.

Differences in the scope of pharmacist-administered vaccines approved by individual states and territories makes patient access to vaccination through community pharmacy inequitable across Australia. Enabling pharmacists to administer all vaccines for all ages would support equitable patient access to vaccination and consistency of pharmacy practice. The National Centre for Immunisation Research and Surveillance (NCIRS) maintain an information sheet of the vaccines that can be administered by a pharmacist in each state and territory.⁵

National Immunisation Strategy 2019-2024

The Australian Government's National Immunisation Strategy 2019-2024⁶ aims to expand and improve the National Immunisation Program. The National Immunisation Strategy is consistent with the World Health Organization's Global Vaccine Action Plan⁷. It seeks to reform the health system by encouraging a greater focus on patient health rather than illness and improving Australia's preventive health system. Its aim is to prevent disease and severe outcomes of disease by maximising immunisation coverage in people of all ages.

Some of the key priorities for the National Immunisation Strategy include improving immunisation coverage, ensuring effective governance of the NIP, ensuring secure vaccine supply and efficient use of vaccines for the NIP, and ensuring an adequately skilled vaccination provider workforce.

National Immunisation Program Vaccinations in Pharmacy (NIPVIP)

The National Immunisation Program⁸ is an established collaborative program involving the Australian Government along with state and territory governments. The strategic development and delivery of the NIP is overseen by a range of committees and advisory boards. Every year vaccines are administered to patients according to updated advice provided by the Australian Technical Advisory Group on Immunisation (ATAGI)⁹.

From 1 January 2024, Australian community pharmacies are remunerated under the NIPVIP for administration of government-funded vaccines, outside of specific government-funded programs. Pharmacies are not allowed to charge patients any private administration fees for administration of NIP vaccine if participating in the NIPVIP program.

The NIPVIP is specifically for community pharmacies and allows eligible patients to access free NIP vaccines in a community pharmacy with no-out-of-pocket costs.

Vaccination in Community Pharmacy

The Queensland Pharmacist Immunisation Pilot (QPIP)¹⁰ implemented in 2014 demonstrated that community pharmacy is well placed to improve immunisation rates. Almost one in five people vaccinated in the QPIP Phase 1 trial had indicated that they would not otherwise have been vaccinated and one in seven said it was the first time they had been vaccinated for influenza. The QPIP was expanded to include measles and pertussis in 2015.

Since early 2015, appropriately trained pharmacists in South Australia, Western Australia and Northern Territory have been administering approved vaccines. Since 2016, appropriately trained pharmacists in Tasmania, ACT, NSW, QLD and Victoria have also been administering approved vaccines.

Community pharmacies wanting to provide a vaccination service in their pharmacy need to meet specific requirements under the relevant state and territory legislation and subordinate legislative instruments. These requirements may vary between each state or territory, but generally include standards on vaccination training, floor space, audibility to others, seating, sanitisation, and purpose of the area¹¹.

Pharmacists may vaccinate outside of the pharmacy premises in all states and territories except for Queensland, although pharmacists in Queensland were authorised for off-site vaccination through emergency public health orders during the COVID-19 pandemic. Offsite vaccinations must be conducted such that they meet all administration area requirements for the relevant State or Territory.

Australian Immunisation Register

The Australian Immunisation Register (AIR)¹² is a national register that records vaccinations given to people of all ages in Australia. Previously known as the Australian Childhood Immunisation Register (ACIR), in 2016 it changed to a whole of life register for children and adults.

Under the *Australian Immunisation Register Act 2015*¹³ and *Australian Immunisation Register Rule 2015*¹⁴, it is mandatory for all vaccination providers to report certain vaccinations to the AIR.

Guild Corporate Vaccinations

The community pharmacy network has been delivering annual influenza vaccines to Australian workers through employee wellness programs, thereby helping increase immunisation rates and minimise absenteeism from work and supporting the National Immunisation Strategy.

The Guild Corporate Health program partners with a range of government organisations, private employers and member organisations to enable many employees and members to access the annual influenza vaccine from the Guild's network of pharmacies. The program offers employees services after hours and on the weekends. More information is available at www.guildcorporatehealth.com.au¹⁵

Related Statements

Nil

Authority

Endorsed

National Council – July 2024

Vaccination in Community Pharmacy

National Council – September 2021

National Council – January 2018

Reviewed

Practice, Policy and Regulation Sub-Committee – February 2024

Vaccination in Community Pharmacy

Policy and Regulation Sub-Committee – July 2021

Pharmacy Viability Committee – November 2017

Policy and Regulation Sub-Committee – October 2017

References

- ¹ <https://immunisationhandbook.health.gov.au/>
- ² <https://www.pharmacycouncil.org.au/resources/standards-to-support-administration-of-vaccines/>
- ³ <https://www.health.gov.au/resources/publications/national-immunisation-education-framework-for-health-professionals>
- ⁴ https://www.guild.org.au/_data/assets/pdf_file/0023/106178/Scope-of-Practice-of-Community-Pharmacists.pdf
- ⁵ [Vaccination from community pharmacy - at a glance | NCIRS](#)
- ⁶ <https://www.health.gov.au/resources/publications/national-immunisation-strategy-for-australia-2019-to-2024>
- ⁷ <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/global-vaccine-action-plan>
- ⁸ <https://www.health.gov.au/initiatives-and-programs/national-immunisation-program>
- ⁹ <https://www.health.gov.au/committees-and-groups/australian-technical-advisory-group-on-immunisation-ataqi>
- ¹⁰ <https://eprints.qut.edu.au/91903/>
- ¹¹ <https://www.guild.org.au/programs/vaccination-services/vaccination-service-requirements>
- ¹² <https://www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register/what-register>
- ¹³ [Australian Immunisation Register Act 2015 \(legislation.gov.au\)](#)
- ¹⁴ [Australian Immunisation Register Rule 2015 \(legislation.gov.au\)](#)