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Tēnā koe

### **COVID-19 Vaccinator Workforce Consultation**

Thank you for the opportunity to comment on COVID-19 Vaccinator Workforce Consultation.

The Royal New Zealand College of General Practitioners is the largest medical college in New Zealand. Our membership of 5,500 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. Our kaupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

### **Submission**

The RNZCGP considers the addition of a floating Vaccinators Assistant workforce is justified given the shortage of vaccinators. We note that the Ministry of Health (MOH) proposed plan change to the Medicines Regulations legislation 1984 will increase the ability to deliver COVID-19 vaccines for all New Zealanders and develop a system to prepare the health sector for any future outbreaks.

The MOH presentation on the Vaccinator Assistant workforce answered many of questions and provided some surety that the new workforce will contribute to vaccines being delivered competently, safely, and equitably to all New Zealanders. We suggest that the MOH reviews progress at 3 to 6 months to evaluate whether refinements or changes might be needed.

The RNZCGP notes that vaccinations are a core element of general practice services. As a trusted and accessible point of entry for people in enrolled populations general practices have established systems and staff who can be upskilled to deliver vaccines to our patient populations in the target communities identified by the MOH. We have surveyed our members to understand interest in delivering vaccines and found 60% of practices are willing participate, with an additional 30% indicating they would if obstacles were addressed, e.g., 40% identified staffing required to deliver the vaccine as the main barrier.

### **In Conclusion**

The RNZCGP supports a planned approach to implementation of Vaccinator Assistants. We reinforce the role of the Immunisation Advisory Centre (IMAC) in providing a quality vaccination system, including a recognised national immunisation register and training.

Thank you for the opportunity to provide a submission on this important matter. Please find answers to the Consultation questions attached.

If you have any questions, or would like more information, please email us at [policy@rnzcgp.org.nz](mailto:policy@rnzcgp.org.nz)

Nāku noa, nā

Dr Bryan Betty  
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Medical Director | Mātanga Hauora

## Ministry of Health Questions

### 4. Please provide any comments **IN SUPPORT** of the proposed changes to the Medicines Regulations 1984 to authorise a new class of COVID-19 vaccinators

- The RNZCGP supports the approach to increase the vaccinator workforce respond to the COVID-19 outbreak.
- The proposed changes will deliver a more representative vaccinator workforce to meet the needs of Māori and Pacific communities' and mirrors action in other countries to increase equity of access.
- We caution that the system for the Vaccinator Assistants will need to resolve confusion emerging around the new unregulated workforce.
- We note that barriers currently exist for the regulated workforce, including GPs, and the nursing workforce who experience substantial time and cost barriers to train as vaccinators. This also applies to the unregulated workforce.

### 5. Please indicate if you have significant concerns about the proposed changes in relation to the following areas:

#### • **ACCOUNTABILITY**

- There is no mention of the quality assurance checks needed prior to administration of the vaccine, including, information and explanations to be provided to patients, informed consent and what to expect. (This is also a training issue)
- Linking the Covid workforce through IMAC will enable national reporting and evaluation to determine effectiveness of the Vaccinator Assistants workforce.

#### • **CLINICAL SUPERVISION**

- We seek clarity on the role and protection of authorised vaccinators in providing clinical supervision for Vaccinator Assistants, so that supervisors are not liable.
- It is not certain how Vaccinator Assistants will be held responsible for their skill set or be assessed appropriately if not attached to a Responsible Authority.

#### • **EMPLOYMENT MATTERS**

- The new Vaccinator Assistant workforce will require a greater level of supervision and support to undertake their role. Given that a recruitment agency is to manage employment and job matching, it is not clear where the responsibility for supervision or support sits, how this will be facilitated, or who will be responsible for quality.

#### • **IMPLEMENTATION ON SITE**

- Will Vaccinator Assistants be required to manage any aspects of the Cold Chain to assure vaccine integrity when working across multiple sites, e.g., to minimise the risk of vaccine failures in general practice, Cold Chain management is tightly managed to meet national standards for safe vaccine storage and maintenance.

#### • **TRAINING**

##### **Potential for variation in training and lack of national consistency.**

- The MOH presentation on 14 May 2021, noted that, 'each DHB may take a different approach to training'. To ensure national consistency we seek clarity about a national standard for training vaccinators.
- We support IMAC as the trusted evidence-based system for vaccination information and training and draw attention to its model of COVID-19 vaccination education and support for all health professionals and allied health workers during the roll-out.
- IMAC suggests best practice clinical supervision is a ratio of one supervisor to six vaccinators.
- We consider there would be benefit in training Vaccinator Assistants to help allay patient fears around disinformation by providing evidence-based information.

### 6. Please provide any significant concern(s) you have about the proposed changes.

#### • **Informed consent process**

- What guidance and options are available if a patient refuses to have a vaccination administered by a Vaccinator Assistant?