**ADDENDUM 9 FEBRUARY 2022**

Based on early sector feedback we are seeking feedback on the **Vaccinating Health Worker role immunising children ages 5 and up**.

This would further ensure equitable access to all vaccines particularly for Māori and Pacific whānau as well as further support health service teams to take every opportunity to vaccinate tamariki against a range of preventable diseases.

# Proposed expansion of Vaccinator working under supervision roles to support the health and disability workforce

## Objective

Increase the capability, capacity, diversity and cultural competence of the vaccinator workforce to support equitable immunisation outcomes for New Zealanders.

### The proposal

Amend the Medicines Regulations 1984 and develop associated policies to enable a ‘Vaccinating Health Worker’ to administer a range of vaccines to people aged **11[[1]](#footnote-2) and up**, under the clinical supervision and direction of a qualified health practitioner.

### Context

The COVID-19 vaccination programme is transitioning into a national immunisation programme, providing an opportunity to adopt an integrated approach to all immunisation programmes and build on the knowledge and resources developed through the COVID-19 vaccination programme.

Expanded workforce capacity is one of several elements that allows for opportunities for a different way of delivering immunisations. It will be critical to support workforce preparedness and resilience to meet potential high demand for immunisations as we look to maximise uptake in 2022.

Using the Medicines Regulations and policy to enact these changes would provide a robust framework and standards to ensure the role fulfils its objectives while ensuring consumer safety and health professional protection.

Any changes made to the Medicines Regulations will also be considered in the context of the development of the proposed new Therapeutics Products legislation.

## From a ‘COVID-19 Vaccinator’ to a ‘Vaccinating Health Worker’

The model for the proposed Vaccinating Health Worker role is the COVID-19 Vaccinator Working Under Supervision (CVWUS) role introduced in May 2021.

### Background on the COVID-19 Vaccinator working under supervision

In May 2021 the Ministry of Health introduced a new role known as the COVID-19 Vaccinator (CVWUS). The role was created to support the workforce scale up required for the national delivery of the COVID-19 vaccine and to increase diversity in the workforce to contribute to equitable outcomes for vaccine uptake.

The COVID-19 Vaccinator has assisted in achieving a high uptake of the COVID-19 Vaccines in some of our most vulnerable communities, provided support to our fatigued health workforce, and acted as an innovative solution to health providers to utilise their current workforce.

The current scope of the COVID-19 Vaccinator is limited to administration of the COVID-19 Pfizer vaccine under the supervision of a Registered Health Professional (RHP) to triaged, low risk people aged 12 and up, plus post-vaccine observation. Regulation 44AB does enable the COVID-19 Vaccinator scope to prepare COVID-19 Vaccines. Policy is yet to be implemented for this to occur in practice but is under consideration now.

Once authorised, a CVWUS can apply to be credited with two NZQA level 3 unit standards.

**As at mid-January 2022, over 130 providers had registered more than 835 CVWUS for training. More than 64% of people in training or authorised as a CVWUS identified as Māori or Pacific. Most CVWUS have been drawn from existing staff who perform a range of other health and administrative functions.**

Evaluation in October 2021 identified ways to improve the role, including providing further information and support to Supervisors of CVWUS, training access and minor changes to technology. These issues are discussed further under “quick wins.”

Overall, we saw support for the role as part of a vaccination team, in particular from the perspective of having familiar health workers administering vaccines to those who may have been hesitant. We saw in the feedback potential to expand the role, to further support immunisation programme principles of immunisation katoa, and no opportunity missed.

Feedback from the evaluation suggested that providing COVID-19 Vaccinators with scope to hold informed consent conversations would be of assistance, but there is recognition of the level of judgement and depth of knowledge needed to perform this role.

Some concerns remain with the relativities of the role compared with other health professionals and questions about the accountability, that is, what happens if something doesn’t go right.

A sample of indicative comments from the survey is provided at Appendix 1.

### Vaccinating Health Worker (VHW)

The expansion to a VHW would provide current COVID-19 Vaccinators, and other health workers not registered under the Healthcare Practitioners’ Competence Assurance Act the opportunity to add further skills to their kete. The skills could include the administration and preparation of vaccines, with different levels reflecting skills and experience attained.

The VHW could continue to work within a variety of health settings, providing support to vaccination teams under the supervision of a suitably trained and experienced registered health professionals (RHP).

The purpose of the VHW is to provide support to the vaccination workforce in time for expected increased demand from 2022 and ensure the registered workforce can operate at the top of their scope. It would also create an accessible pathway to entering the health sector.

### Medicines Regulations 1984

Expanding the role would require an amendment to the Medicines Regulations 1984 (the “Regulations”) because regulation 44AB of the Regulations do not provide scope for this workforce to prepare and administer vaccines other than COVID-19 vaccinations.

It is intended that amendments to the Regulations would be drafted in such a way as to allow the Ministry and providers to be responsive and flexible, enabling policy and operational implementation to occur progressively and as needed. No changes are thought to be required to other legislation or regulations to create this role, but as the role develops it will be considered in the context of the drafting of the Therapeutics Products Bill.

Standing orders are used by some during the supervised practice component of the CVWUS experience, and evaluation indicates some sites continue to use standing orders in lieu of completing the authorisation process. This is not seen as a sustainable long-term solution.

## The “Vaccinating Health Worker” in practice

The VHW would still be required to complete training in basic life support (e.g. CPR) and employers will need to ensure a VHW is familiar with onsite emergency management and escalation processes.

The extent of the VHW’s scope would be reflected by their level and proven competencies outlined in the capability matrix (See separate Appendix). The key features of the VHW role can be summarised as follows:

* Administration of a range of vaccines to people **aged 11[[2]](#footnote-3) and up**
* Preparation of vaccines at employer’s discretion, based on aptitude for the task and subject to training and authorisation
* Different levels to the role, and opportunities to upskill
* Work in a team setting under the clinical supervision of a RHP regulated under the HPCA Act, with higher supervision ratio for vaccine preparation
* Informed consent process could remain with a RHP, with possibility to expand the VHW skillset to include a screening-based contribution to the informed consent process.

### Capability Matrix

A draft capability matrix (matrix) provides a high-level overview of the potential VHW role and how it may look in practice. The structure is comparable with those used in other health professions.

VHW could add skills to their repertoire, as dictated by their interests and the needs of their communities and health providers. The capability matrix draws inspiration from the whakatauki “Whaowhia te kete mātauranga”: fill the basket of knowledge.

Such an approach could contribute to the sustainability of the role, by providing a pathway for development and recognising previous experience working in the health sector. For example, Aotearoa has a range of overseas registered health professionals whose qualifications are not recognised here. This role would provide an opportunity for these individuals to use their clinical skillset and provide a pathway to entering other health qualifications.

The matrix has three proposed skill levels. Level 1 is comparative to an entry level and level 3 an advanced level. Level 1 would provide a limited scope of vaccines to administer, and a higher supervision ratio with the opportunity to upskill to vaccine preparation and administering more complex vaccines at level 2.

Level 3 may lend itself to more formal qualifications or study at a level aligned with health professional roles and the current scope outlined in the matrix is hypothetical. If a Level 3 remained, it could allow for VHW to participate in childhood immunisations and conduct the full informed consent process. The competencies at level 3 would be comparative to a RHP and could significantly contribute to non-regulated health workers entering a regulated health profession, such as nursing or pharmacy.

### Supervision

The VHW would remain under the clinical supervision of a health practitioner regulated under the HPCA Act.

The supervision ratios for VHW’s would remain the same as the CVWUS for vaccine administration, with a recommended 1 Clinical Supervisor: 6 Vaccinator ratio. The capability matrix proposes a change in supervision ratios for VHWs once they are at Level 2, to 1 Clinical Supervisor: 10 VHW, reflecting capability and competency.

Based on clinical advice higher supervision ratios would be required for vaccine preparation. We are proposing a 1:4 ratio, as there is a requirement for this to be a two-person process.

### Responsibilities of Clinical Supervisors

A clinical supervisor would continue to be required to provide oversight and direction of a VHW.

Some of the feedback received in the evaluation suggested there was not enough support for Clinical Supervisors of CVWUS. One way the VHW role could be improved is by providing more resources, support, and training to clinical supervisors. This may also encourage further support and uptake in the role.

Importantly, the role of a clinical supervisor would be limited to the specified tasks that the VHW is permitted to perform, and a VHW working outside of that scope without being directed to do so is not the responsibility of the Clinical Supervisor.

### Accountability

VHW would be covered under ACC treatment injury provisions for injuries sustained to consumers during treatment.

It’s the Ministry’s expectation that employers or unions would provide indemnity cover for VHW, in the same way they would provide it to other personnel.

As long as procedures and precautions are followed and the appropriate safeguards are in place, a Supervisor should not be held accountable for the actions of the VHW.

### Monitoring

Uptake of a potential VHW role will be tracked through training uptake and sector surveys. Similarly, sector surveys will be used to understand successes and areas for improvement. Standard channels will be used to record and report on any potential adverse events.

## Other considerations

### Benefits

There are significant perceived benefits to the proposal, especially:

* Increasing representation of Māori and Pacific communities in the health workforce by creating an accessible pathway to upskill
* Providing support for a fatigued workforce
* Providing leadership opportunities for potential supervisors
* Supporting registered health professionals to work at the top of their scope

### Quick wins

Through the evaluation, we also identified areas where there could be improvements made to the role:

* Providing information, training, support for supervisors can be easily improved, building on work IMAC has already been undertaking in tandem with some DHBs and Māori health providers
* Enable anyone to undertake the online part of CVWUS training, to increase accessibility to the role
* Increasing the rate of authorisation and reducing the use of standing orders through education of the CVWUS workforce
* System enhancements, for example to CIR and NIS systems to include both a supervisor and vaccinator field.

### Related Kaupapa

Exploring the potential Vaccinating Health Worker role has highlighted areas in which health professions face limitations in respect of becoming vaccinators. The following areas are under review or action, noting that the framework for vaccinator authorisation will undergo review as part of the upcoming Therapeutics Products legislation.

* **Enrolled nurses as full vaccinators**: The Ministry is exploring its position regarding enrolled nurses being granted authorisation as fully authorised vaccinators by regional Medical Officers of Health, a position which is supported by the Nursing Council NZ.

* **Age restrictions for pharmacist vaccinators**: The Ministry is currently exploring removal of these restrictions, considering the context of the Integrated Community Pharmacy Services Agreement.
* **Allied health professionals as full vaccinators**: The Ministry is currently exploring other allied health professionals to become vaccinators.
* **Vaccine classifications**: There is an opportunity to simultaneously align vaccine classifications in the Medicines Regulations 1984 Schedule 1.

**Vaccinator education for Registered Nurse graduates and pharmacist graduates:** There is also opportunity to explore enabling these students to graduate as full vaccinators.

## Learn More

If you’d like to hear more about these proposed changes, please join in one of the following informational webinars

* Webinar 1: Thursday 3 February 2022, 12 – 1pm – access through [Microsoft Teams](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZGEzNGFjMTUtZmIwMy00YjRjLTkyNGMtNTA3MzQ0NWRkMDY3%40thread.v2/0?context=%7b%22Tid%22%3a%2223cec724-6d20-4bd1-9fe9-dc4447edd1fa%22%2c%22Oid%22%3a%22e0e55892-920e-491a-b629-fbbad56c8abf%22%2c%22IsBroadcastMeeting%22%3atrue%7d&btype=a&role=a)
* Webinar 2: Friday 4 February 2022, 10 – 11am – access through [Microsoft Teams](https://teams.microsoft.com/l/meetup-join/19%3ameeting_MjI3ZDYwMjEtNmUyMi00M2IyLTkxZWYtYjE0MjQ3ODMzMzcw%40thread.v2/0?context=%7b%22Tid%22%3a%2223cec724-6d20-4bd1-9fe9-dc4447edd1fa%22%2c%22Oid%22%3a%22e0e55892-920e-491a-b629-fbbad56c8abf%22%2c%22IsBroadcastMeeting%22%3atrue%7d&btype=a&role=a)
* Webinar 3: Wednesday 9 February 2022, 4 – 5pm – access through [Microsoft Teams](https://teams.microsoft.com/l/meetup-join/19%3ameeting_NzYzMDlkMDMtYjlmMi00MzMzLTg3ZjktOTllYjA5OGZlY2Fj%40thread.v2/0?context=%7b%22Tid%22%3a%2223cec724-6d20-4bd1-9fe9-dc4447edd1fa%22%2c%22Oid%22%3a%22e0e55892-920e-491a-b629-fbbad56c8abf%22%2c%22IsBroadcastMeeting%22%3atrue%7d&btype=a&role=a)

Unfortunately, we will not be in a position to provide technical support for these webinars.

## Have Feedback?

We welcome your feedback on the proposed changes including the draft capability matrix concept.

If you’d like to provide feedback, please do so through [this link](https://consult.health.govt.nz/covid-directorate/vhw-survey) by 5 pm 11 February 2022.

This is necessary if we are to have regulations in place in time to communicate with, recruit, and train the workforce to support integrated immunisation delivery in 2022.

Alternatively, if you would prefer a Word version of the survey please email [vaccinatorauthorisations@health.govt.nz](mailto:vaccinatorauthorisations@health.govt.nz)

All feedback will be considered. We may reach out to you if any clarification is required.

**Appendix 1: Indicative feedback on the COVID-19 Vaccinator role**

Source: Health and disability sector evaluation October 2021

***Supportive comments***

“I have enjoyed working with our team and meeting new people, learning how to deal with the questions and also the nervous clients and knowing that each vaccination can bring different challenges. Having a supervisor has allowed me the confidence to refer when needed whilst supporting my client.”

* *Pharmacy Technician*

“This role needs to be expanded as soon as possible for us to be able to maintain vaccination rates next year.”

* *Supervisor*

“Attracting whanau carers to this role, people who are integral to our communities and respected, how can be supported more easily and using more flexible, innovative methods of learning could mean these roles could be more successful in reaching iwi and hapori communities and could make a more meaningful difference.”

* *Employer*

“This would help achieve nationwide targets sooner and ease the management of administering boosters in the primary health care setting.”

* *Practice Nurse*

“A lot of Provisional vaccinators nurses etc are burnt out. They have been required to work more than their usual hours to support the vaccination effort. By increasing the workforce as in using the CVWUS role, there is the ability to take the pressure off the nurses a bit.”

* *Vaccinator*

“Being a nonclinical vaccinator is an amazing opportunity as another way to help in our community. Some nurses have been very reluctant to work alongside us being made to feel very uncomfortable at times. Is not being able to ask the screening question provides a massive barrier. Everything else is a positive”

- *Kaimanaaki*

***Concerns***

“Vaccinating is a highly skilled role which nurses have spent years and years being educated to provide and developing trust with patients. Maybe working with pre-existing trust relationships would be beneficial to the vaccine recipients, the success of vaccine targets and stop this constant decimation of the healthcare workforce.”

* *PHO GP Vaccinator*

“I feel that personally they do not have a medical/nursing background to assess allergic/anaphylaxis risk, understanding vaccine components and the anatomy of the corona virus.”

* *MHP Vaccinator*

“Concerned how it will effect my registration if a mistake is made under my supervision”

* *Vaccinator*

“Anyone can be taught how to perform a task (i.e. administering a vaccination), however, the Covid 19 pandemic is a public health issue, therefore, qualified and registered health professionals should be employed into these roles.”

* *Vaccinator*

***Other comments:***

“I have seen firsthand what it would be like to live with covid 19 and would like my whanau to get the vaccine.”

* *Kaimanaaki*

“I think policy and procedure needs to be streamlined and mandated under a DHB or similar as opposed to different providers having different requirements in terms of consent and administration.”

* *DHB Nursing Student*

“Not being able to take consent makes this a real boring task orientated job without any job satisfaction. These people have been trained to do just a small part that isn’t fulfilling and no prospects in the future.”

* *Supervising Vaccinator*

1. See Addendum at top of page 1. We are seeking feedback on the proposal for VHW to immunise people aged 5 and up OR aged 12 and up [↑](#footnote-ref-2)
2. See Addendum at top of page 1. We are seeking feedback on the proposal for VHW to immunise people aged 5 and up OR aged 12 and up. [↑](#footnote-ref-3)