2 February 2018 Our Ref: MT18-349

Laurence Holding
Team Leader
Committee & Support Services,
Medsafe
Ministry of Health.

Email committees@moh.govt.nz, cc Laurence_Holding@moh.govt.nz

Dear Mr Holding

**Objection to recommendation regarding agenda item 5.6 in the minutes of the 59th meeting of the Medicines Classification Committee (MCC): Influenza vaccine –proposed amendment of the classification statement to include registered nurses.**

Thank you for providing the opportunity for the College to object to this recommendation.

***Introduction to general practice and the College***

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.
- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.
- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

***Submission***

The College is very concerned at the process used by the MCC on this occasion.

Agenda item 5.6 was a late item that was not published on the Medsafe website and was not consulted on. The minutes of the 59th meeting state that 'interested parties could object to the recommendation after the minutes were published' thereby implying that the objection process provides a suitable substitute for consultation. This is not the case for the following reasons.

- Interested parties had no way of knowing about the recommendation.
    - Only those organisations who had an interest in the outcome of an agenda item will have read the minutes. They will read only the specific agenda item they have an interest in and will not look for other items. The minutes of the 59th meeting are about 30 pages long with agenda item 5.6 on page 14 hence even those stakeholders who did read the minutes would have been unlikely to notice it. College staff noticed it by chance.
- Ten days is insufficient to obtain informed feedback from members and to produce useful feedback.
    - In this case this problem was exacerbated because some of the 10 day period allowed for objections had already passed by the time stakeholders heard about the recommendation.
- The information contained in the minutes was unclear and did not explain the issue that this change was designed to address, why it had come about at this time and what alternative approaches to address the issue had been considered.
- The information contained in the minutes was misleading in that it stated that the issues are associated with the supply of influenza vaccine for vaccinator training and clinical assessment. From what we have been able to ascertain it is likely that the problem is related to the process of authorisation by the medical officers in each of the 20 DHBs. Those we have spoken to have no knowledge of a problem with the supply of vaccine for training.

The recommendation itself is vaguely worded but the intention appears to be that registered nurses be able to supply influenza vaccine in the same way that specially trained pharmacists with the appropriate facilities are able to. The reclassification process that enabled pharmacists to administer the influenza vaccine took some time to set up. It included supporting processes around establishing and keeping a record of which pharmacists had undergone the training and a process to ensure that ongoing training was up to date. As mentioned in the Immunisation Hand Book on page 631 this process is administered by the Pharmaceutical Society.

> The Pharmaceutical Society of New Zealand (PSNZ), maintains a register of pharmacist vaccinators. Pharmacist vaccinators should notify PSNZ when they have completed the requirements specified above, including the course completion date. Pharmacist vaccinator status is valid for two years from the date of the initial VTC.[1]

The Pharmaceutical Society were involved in the planning for the change.

[1] https://www.health.govt.nz/system/files/documents/publications/immunisation-handbook-2017-may17-v3.pdf Section A4.1.2 p 631

Nurses will need an appropriate nursing organisation to agree to take on this role. Such associated requirements to enable the change do not appear to have been considered. It is of concern that unintended consequences may not have been thought through either, and with the lack of a consultation process stakeholders will not be alerting the MCC to these.

Overall we consider that this hasty recommendation should be reviewed. It may well be that once the problem is clearly outlined a more appropriate solution can be found. If this is not so then the issue should be placed on the agenda of the next MCC meeting and appropriate stakeholders including the Nursing Council should be consulted.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College's policy team at policy@rnzcgp.org.nz.

Yours sincerely,

**Michael Thorn**
General Manager – Policy