



# PSI Review of Vaccination and Emergency Medicines Training Requirements for Pharmacists 2025

June 2025

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# 1. Introduction

The PSI [Service Plan 2025](#) identifies a 'programme of work' to review our vaccination and emergency medicines training requirements for pharmacists, and prepare a report with recommendations for consideration by the Regulatory and Professional Policy Committee and Council.

This report summarises a review of the current vaccination and emergency medicines training requirements for pharmacists. The review was undertaken by a PSI internal cross-organisational group with representation across PSI's broad range of regulatory functions.

The review was informed by a review of vaccination training requirements for pharmacists in four other countries, engagement with key stakeholder organisations and patient and public involvement through the HPRA Patient Forum, and finally, a pharmacist survey which was sent to all registered pharmacists.

## 1.1 Background

Since 2011, pharmacists in Ireland have been authorised to supply and administer the Influenza vaccine and Adrenaline (Epinephrine) for the emergency treatment of anaphylaxis that may arise following vaccination, where the pharmacist has satisfactorily completed training approved by PSI.

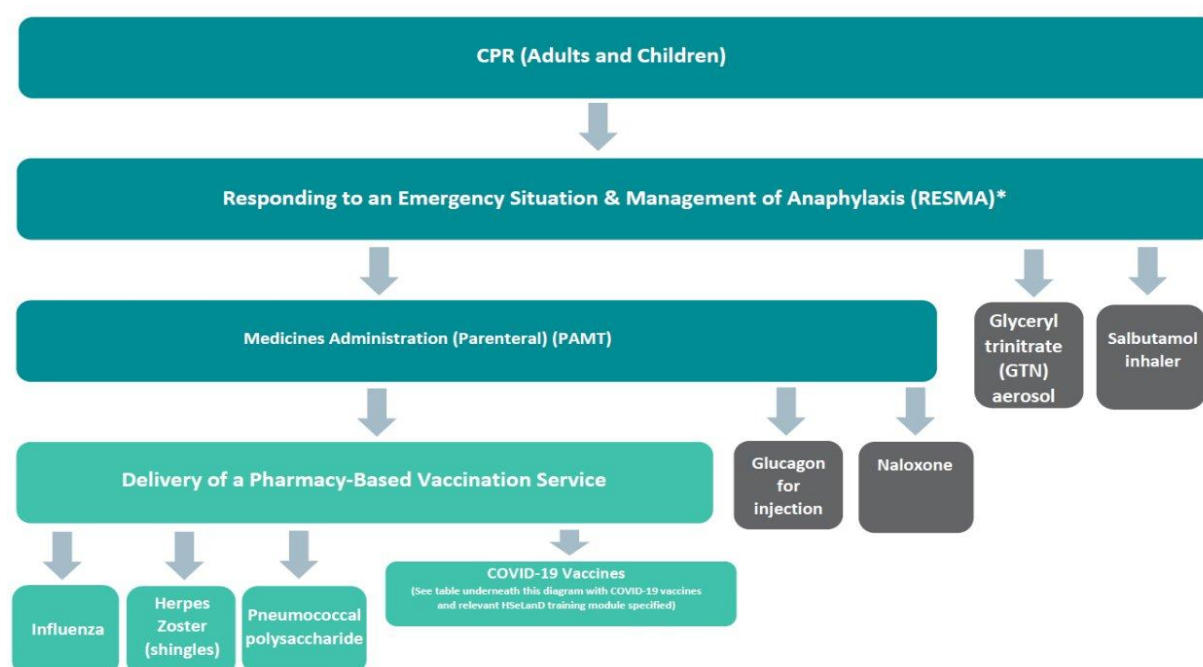
In 2015, the legislation was amended to enable pharmacists to supply and administer two additional vaccines (Pneumococcal Polysaccharide and Herpes Zoster (Shingles) Vaccines), as well as a number of emergency medicines (Adrenaline (Epinephrine), Glucagon, Glyceryl Trinitrate, Salbutamol and Naloxone) for the purposes of saving life or reducing severe distress in certain emergency circumstances.

In 2021, the legislation was amended to enable pharmacists to supply and administer COVID-19 vaccines as part of the National COVID-19 Vaccination Programme. The legislation has been amended several times since then to enable the supply and administration of new COVID-19 vaccines as part of the National COVID-19 Vaccination Programme, as these have become authorised for use in Ireland.

## 1.2 Modular Training System

The Irish Institute of Pharmacy (IIOP) and PSI developed a modular system of training for pharmacists on the supply and administration of vaccines and emergency medicines. The modular system of training was designed to equip pharmacists with the necessary skills and knowledge to safely administer vaccines and/or emergency medicines and to streamline the way in which pharmacists acquire the skills for multiple services.

The approved training requirements for pharmacists to supply and administer vaccines and emergency medicines are set out on the [PSI website](#) and represented in Figure 1 below. The training requirements were last reviewed in 2019 and approved by PSI Council in June 2019.



*Figure 1: Current vaccination and emergency medicines training requirements for pharmacists*

Pharmacists are deemed trained and competent in immunisation practice once they have completed the PSI approved training pathway (i.e. hold up to date certificates in CPR training for adults and children, Responding to an Emergency Situation and Management of Anaphylaxis (RESMA), Medicines Administration (Parenteral)(PAMT) and Delivery of a Pharmacy-Based Vaccination Service. Pharmacists are then required to complete specific training modules on the vaccines and/or emergency medicines they wish to supply and administer, as appropriate.

The vaccine and emergency medicines specific training modules are available online either through the [Irish Institute of Pharmacy \(IIOP\)](#) or via HSeLand (the Irish Health Service's national online learning and development portal).

### 1.3 Training Delivery Methods

The delivery methods for the training programmes are illustrated in Table 1 below.

Training Programme	Delivery Method
CPR for Adults and Children	Face-to-face
Medicines Administration (Parenteral)(PAMT) Training Programme	Blended Training Programme (Online + face-to-face)

Responding to an Emergency Situation and Management of Anaphylaxis (RESMA)	Online
Delivery of a Pharmacy-Based Vaccination Service	Online
Influenza Vaccine	Online
Pneumococcal Polysaccharide	Online
Herpes Zoster (Shingles)	Online
COVID-19 Vaccines	Online
Glucagon	Online
Naloxone	Online (+optional face-to-face)
Glyceryl Trinitrate (GTN)	Online
Salbutamol	Online

Table 1: Delivery methods for training programmes

As can be seen in Table 1, most of the mandatory training programmes are delivered online, with the exception of the Medicines Administration (Parenteral) Training Programme (PAMT), which is a blended training programme comprising online and face-to-face components, and CPR training which is delivered face-to-face.

## 1.4 Training Validity Periods

The validity periods for each of the required training programmes are set out in Table 2:

Training Programme	Validity Period
CPR for Adults and Children	Two years (or as stated by provider)
Medicines Administration (Parenteral)(PAMT) Training Programme	Self-assessment.  Pharmacists must repeat this training programme if they wish to administer:  1. a vaccine or emergency medicine via an injection route i.e., intramuscular or subcutaneous, which they have never previously administered; or  2. a vaccine or emergency medicine via an injection route which they have neither practised in (i.e. administered to a patient) nor been trained on <b>in the previous 12 months</b> (or in the case of seasonal influenza vaccination, in the previous flu season)
Responding to an Emergency Situation and Management of Anaphylaxis (RESMA)	Two years
Delivery of a Pharmacy-Based Vaccination Service	Self-assessment  The PSI requires that this training programme is repeated if a pharmacist has not vaccinated in the <b>past 12 months</b> (or influenza season).
Influenza Vaccine	One year





Pneumococcal Polysaccharide	Two years
Herpes Zoster (Shingles)	Two years
COVID-19 Vaccines	Updated in line with National Immunisation Advisory Committee (NIAC) recommendations
Glucagon	Two years
Naloxone	Two years
Glyceryl Trinitrate (GTN)	Two years
Salbutamol	Two years

*Table 2: Validity periods for required training programmes*

## 2. Approach to the review

The review was informed by three main strands of research as illustrated in Figure 2 below: a review of training requirements for pharmacists in four other countries ([Section 3](#)), engagement with key stakeholder organisations and patient and public (PPI) involvement through the HPRA Patient Forum ([Section 4](#)), and finally, a pharmacist survey which was sent to all registered pharmacists ([Section 5](#)).

This report summarises the findings from this research and the resulting recommendations for updates to the vaccination and emergency medicines training requirements for pharmacists (Section 6).

 <p><b>Training requirements in four other countries</b></p> <p>National &amp; regional frameworks in the UK, Canada, Australia and New Zealand.</p>	 <p><b>Engagement with key stakeholder organisations and PPI</b></p> <ul style="list-style-type: none"> <li>- Including organisations involved in the design, development, oversight and delivery of national vaccination programmes.</li> <li>- PPI involvement through the HPRA Patient Forum.</li> </ul>	 <p><b>Pharmacist survey</b></p> <p>Survey Design &amp; analysis</p>	 <p><b>Report findings &amp; recommendations</b></p> <ul style="list-style-type: none"> <li>- Review and synthesis of findings.</li> <li>- Development of recommendations</li> </ul>
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*Figure 2: Approach to the review*

### 3. Summary of vaccination training requirements in four other countries

To inform the overall review, a review of vaccination training requirements for pharmacists in four other countries was carried out: Australia, the UK, Canada and New Zealand. Jurisdictions were chosen based on the availability of information in English.

#### 3.1 Scope of the review

Several frameworks are in place in the majority of the countries, in which case, more than one region (or vaccination programme in the case of the UK) was included to provide a more representative view.

The review focused on training requirements that enable pharmacists to vaccinate as part of national (or regional) vaccination programmes, rather than private vaccination services.

A summary of key findings is provided below. A summary table of findings is provided in Table 3. Further information on each framework can be found in [Appendix 1](#).

#### 3.2 Summary of Key findings

##### a) Training in injection technique or medicines administration and requirements for supervised practice

All jurisdictions examined require pharmacists to complete in-person injection technique training before they can vaccinate.

This is usually required as part of a face-to-face training course, except in the case of COVID-19 vaccination in England, where work-based practical training that includes intramuscular injection technique is accepted, and in which case the pharmacist must be assessed as competent by another vaccinator using a competency assessment tool. A period of supervision is also required until the pharmacist is 'confident'. A similar requirement for supervision and assessment is in place in Northern Ireland for COVID-19 vaccines.

In New Zealand, initial vaccinator training requires two clinical assessment vaccination events in the pharmacist's workplace (within 6 months of completing the coursework).

##### b) Requirements to repeat injection technique training

How often a pharmacist is required to repeat injection technique training varies across the frameworks examined:

- returning to vaccination after **more than one year** - England (COVID-19), Wales (Flu), or **more than two years** – Saskatchewan
- **'Periodically'** based on self-assessment - England (Flu) (Previously every 3 years).

- Determined through **annual self-assessment** or peer assessment- Ontario
- In Western Australia, vaccinators must repeat a full immunisation course if they haven't practiced healthcare for over 3 years or immunisation for 5 years.
- In New Zealand, pharmacists must repeat injection training if approved authorisation has expired more than 6 months previously and it has been more than 5 years since a pharmacist's initial vaccinator training.

#### **c) Additional or separate online or vaccine specific training**

In some jurisdictions, injection technique and vaccine specific training is included in one single course, while in others it is provided as one or more separate online modules.

#### **d) First aid, CPR and anaphylaxis management training requirements**

All of the examined jurisdictions/frameworks required pharmacists to have undertaken First Aid and CPR training or Basic Life Support training before administering a vaccine as well as training in the management of anaphylaxis.

In most jurisdictions, pharmacists had to maintain certification in CPR and First Aid by repeating the relevant training at specified intervals.

#### **e) Requirements to notify either the regulator or another relevant body**

In some jurisdictions, there is a requirement to notify the regulator, such as Saskatchewan, or Ontario, where a pharmacist's authorisation to administer injections is visible on the register. In Wales, pharmacists must have their name listed on a national database before they can be accredited to administer the flu vaccine. In New Zealand, pharmacists are expected to notify their professional body that they are authorised to vaccinate.

#### **f) General annual training requirements**

In most cases, pharmacists are required to maintain their competency through yearly updates (Western Australia, New South Wales, Wales) or are required to annually self-assess their training needs (England, Northern Ireland, Ontario). In New Zealand, the requirement is every two years. In some cases, these annual updates are formal online modules, while in others it is self-directed learning, such as reviewing the Summary of Product Characteristics (SPC) for the vaccine or national guidelines.

#### **g) Self-assessment or peer assessment**

The use of self-assessment varied across the frameworks. Pharmacists are provided with an optional self-assessment tool in Western Australia. In Ontario, pharmacists are required to declare competence each year and to address gaps identified through self or peer assessment. In England and Northern Ireland, for COVID-19 vaccination, pharmacists must make an annual self-assessment of their training needs. Pharmacists are also required to self-assess in England for flu vaccination, but every two years.



**Table 3: Summary of training requirements across the examined frameworks**

	<b>Injection technique training</b>	<b>Separate online /vaccine specific training</b>	<b>First aid, CPR &amp; anaphylaxis management</b>	<b>Supervised practice</b>	<b>Notifying regulator of training</b>	<b>General annual training</b>	<b>Repeat injection technique</b>	<b>Self-assessment</b>
<b>Ireland</b>	Must complete Medicines Administration (Parenteral) (PAMT) Training programme (Online & face-to-face).	Yes. Online e-learning modules for each vaccine.	CPR - every two years.  Responding to emergency & anaphylaxis management - every two years.	No, but supervised practice recommended at least annually (or start of season).	No	Influenza-annually.  COVID-19-when new/ adapted product approved.  Other vaccines every 2 years.	Must repeat if haven't practised/ trained in that injection route in previous 12 months or flu season OR before using new injection route. Otherwise, self-assessment.	Recommended.
<b>Australian Capital Territory</b>	Must complete a training course from an Australian Pharmacy Council accredited provider.	No.	Anaphylaxis certificate; First aid every 3 years; CPR annually.		No	Not specified.	Not specified	No
<b>Western Australia</b>	Must complete an approved general immunisation training course to vaccinate under an SASA.	Mandatory online modules for influenza, RSV & COVID-19 vaccines.	Must be competent in CPR and diagnosis & treatment of anaphylaxis	Not specified.	No	Competency must be maintained through yearly updates.	Full immunisation course or online update depending on how recently they practiced in healthcare or vaccination.	Optional competency assessment tool

**Table 3: Summary of training requirements across the examined frameworks**

	<b>Injection technique training</b>	<b>Separate online /vaccine specific training</b>	<b>First aid, CPR &amp; anaphylaxis management</b>	<b>Supervised practice</b>	<b>Notifying regulator of training</b>	<b>General annual training</b>	<b>Repeat injection technique training</b>	<b>Self-assessment</b>
<b>New South Wales</b>	Mandatory training course that complies with the Australian Pharmacy Council's accreditation standards	Must complete an accredited training programme for relevant vaccines.  Must review NSW Health guidance on management of COVID-19 vaccines.	CPR certificate (Valid for 12 months)	No	No	Must annually review best practice policy & ensure competent for each vaccine.	Not specified.	No assessment tool
<b>Ontario</b>	Must complete an injection training course approved by OCP, another Canadian regulator or pharmacy degree covered injection training.	No.	Must maintain valid certification in CPR and First Aid	No.	Yes. Must register injection training with regulator. Vaccination authorisation published on public register.	Annual self-declaration of competence required.	No specific requirements for recertification or updates. Must address gaps identified through self or peer assessment.	Must declare competency each year. Responsibility of pharmacist to self-assess.
<b>Saskatchewan</b>	To obtain Advanced Method Certification, must complete an accredited injection training programme	Saskatchewan Specific module if not included in accredited programme	Must maintain current certification in First Aid and CPR.	No.	Yes, must receive Advanced Method Certification from the regulator		Must take a Live Injection Refresher Workshop if have not administered injections within the previous two years or more.	

**Table 3: Summary of training requirements across the examined frameworks**

	<b>Injection technique training</b>	<b>Separate online /vaccine specific training</b>	<b>First aid, CPR &amp; anaphylaxis management</b>	<b>Supervised practice</b>	<b>Notifying regulator of training</b>	<b>General annual training</b>	<b>Repeat injection technique training</b>	<b>Self-assessment</b>
<b>England (COVID-19)</b>	Must complete work-based practical training including IM injection. Must be assessed as competent using competency assessment tool.	Must complete specific eLearning training about COVID-19 vaccines.	Basic Life Support & anaphylaxis training required within last year (adult and/or paediatric).	Period of supervision required. Must be signed off using competency assessment tool.	No	Recommended to undertake certain eLearning components if haven't had update training in past year.	Those returning to vaccination after more than 12 months must undertake the same initial training as new vaccinators.	Yes mandatory annual self-assessment for all vaccinators.
<b>N. Ireland COVID-19</b>	Must complete work-based practical training including IM injection. Must be assessed as competent using competency assessment tool.	Must complete specific eLearning training about COVID-19 vaccines and/or local training.	Basic life support training (including anaphylaxis) within the last year.	Period of supervision required. Must be signed off using competency assessment tool.	No	Recommended to undertake certain eLearning components if haven't had update training in past year.	Those returning to vaccination after more than 12 months must undertake the same initial training as new vaccinators.	Yes mandatory self-assessment
<b>England (Flu)</b>	Mandatory face to face training for injection technique	Flu and immunisation e-Learning programme recommended.	Mandatory basic life support training for new vaccinators; then must repeat 'periodically' determined by self-assessment.	Supervised clinical practice strongly recommended for new vaccinators	No	Self-assessed but expected to undertake annual updates either self-directed or online training.	Must complete face-to-face training in both injection and basic life support 'periodically', which is determined by self-assessment.	Mandatory self-assessment every 2 years. Must use one of two competency assessment frameworks.

**Table 3: Summary of training requirements across the examined frameworks**

	<b>Injection technique training</b>	<b>Separate online /vaccine specific training</b>	<b>First aid, CPR &amp; anaphylaxis management</b>	<b>Supervised practice</b>	<b>Notifying regulator of training</b>	<b>General annual training</b>	<b>Repeat injection technique training</b>	<b>Self-assessment</b>
<b>N. Ireland (flu)</b>	Mandatory face to face training for injection technique	Mandatory e-Learning modules - core knowledge & vaccine specific.	Mandatory basic life support training (including anaphylaxis). Should undertake annual updates.	Must complete Flu vaccinator competency assessment tool.	No	Self-assessed but must be up to date with relevant guidance.	Periodic face to face refresher training determined by self-assessment.	Yes mandatory self-assessment
<b>Wales (Flu)</b>	Must complete face to face training to be accredited as well as other requirements.	Yes. Mandatory flu specific modules – two are taken every year and one for new or returning vaccinators.	Annual basic life support training required.	Not specified.	No but name must be listed in a national database.	Must complete two online modules if vaccinated the previous year.	Must repeat face-to-face training if returning after a break of one year or more.	
<b>New Zealand</b>	Mandatory Ministry of Health approved vaccinator training course. Online & clinical assessment in pharmacist's workplace	No	Must maintain resuscitation certification typically every 2 years (incl. CPR & adrenaline)	Approved training includes two supervised vaccination events within 6 months at vaccinator's workplace.	Expected to notify their professional body, the Pharmaceutical Society of New Zealand.	Approved online update training required every 2 years	If approved authorisation has expired more than 6 months previously and more than 5 years since initial vaccinator training.	No.

## 4. Insights from Stakeholder Engagement

To inform the review, PSI met with a range of key stakeholder organisations, including current training providers and stakeholders involved in the design, development, oversight and delivery of national vaccination programmes.

PSI also hosted a meeting of the Health Products Regulatory Authority (HPRA) Patient Forum on 25 March, during which patient and public perspectives on vaccination and emergency medicines training requirements for pharmacists were explored.

The purpose of the engagement meetings was to hear stakeholder perspectives on how the vaccination and emergency medicines training requirements for pharmacists could be strengthened or improved to ensure training requirements are appropriate and continue to deliver safe, high-quality pharmacy-delivered vaccination and emergency medicines services. Engagement meetings were held with the following stakeholder organisations:

- HPRA Patient Forum
- Health Service Executive (HSE) National Immunisation Office
- Irish Institute of Pharmacy (IIOP)
- Hibernian Healthcare
- Pre-Hospital Emergency Care Council (PHECC)
- Irish Pharmacy Union (IPU)
- Health Service Executive (HSE) Enhanced Community Care Programme and Primary Care Contracts
- Health Service Executive (HSE) Addiction Services
- Northern Ireland Centre for Professional Learning and Development (NICPLD)

Findings and themes from stakeholder engagement meetings are discussed below.

### 4.1 Findings and themes from stakeholder engagement

In general, stakeholders were positive about the current system of training for pharmacists to supply and administer vaccinations and emergency medicines. The overall sentiment was that the current training requirements are proportionate in assuring the provision of safe, high-quality pharmacy-delivered vaccination and emergency medicines services.

Stakeholders acknowledged the positive contribution by pharmacists in national vaccination programmes in terms of ease of patient access to vaccination services, due to extended opening hours of pharmacies and widespread locations, as well as off-site vaccination.

However, a number of themes regarding the training requirements arose in the stakeholder engagement meetings, and these are discussed below.

#### 4.1.1 Providing information to patients

The HPRA Patient Forum felt that all pharmacists should be competent in answering patient questions about vaccine products, particularly those who might feel anxious or hesitant about certain vaccines, but also regarding interactions with other medicines such as biosimilars. They stressed that good communication around vaccination and vaccine products enhances patient trust and is part of informed consent.

#### 4.1.2 Streamlining of training

A number of stakeholders expressed a preference for training modules to be accessible in one location, rather than spread across a number of locations i.e. IOP website, HSeLanD and individual training provider websites. Stakeholders believed that this created some confusion for pharmacists in understanding what training is required and where to access it.

However, it was acknowledged that recent updates to the PSI website and the IOP [Vaccination Training Identification Tool](#) have helped to streamline the process.

#### 4.1.3 Medicines Administration (Parenteral) Training Programme (PAMT)

Many stakeholders cited the current requirement for pharmacists to repeat the Medicines Administration (Parenteral) Training Programme (PAMT) where they have neither practised (i.e. administered to a patient) nor been trained on in the previous 12 months, as being disproportionate. Stakeholders felt that requiring pharmacists to attend a full-day training course to re-train on medicines administration techniques after a break in vaccination practice of one year, was not necessary and that other options should be considered.

#### 4.1.4 Self-Assessment

The majority of stakeholders were positive about the current recommendation for pharmacists to reflect, self-assess and to evaluate whether they need to refresh their training in the medicines (administration)(parenteral) training programme, in order to ensure that they have the necessary skills and knowledge to safely administer vaccinations and emergency medicines. However, stakeholders cited that additional supports could be developed to enable pharmacists to accurately self-assess their knowledge and skills.

It was acknowledged that while a [Self-Assessment and Self Declaration Form](#) is available on the PSI website, designed as a practical tool to assist pharmacists with their self-assessment, stakeholders felt this could be improved and its use more widely promoted.

Some stakeholders also felt that it was not necessary to repeat the Influenza training module on an annual basis and that self-assessment in this regard would be sufficient.

#### 4.1.5 Peer Review

Some stakeholders expressed a view that there could be a potential role for peer review as part of ensuring that pharmacists continue to maintain their skills in injection technique.

This was cited as a potential option for supporting those returning to practice after a break in vaccination practice due to maternity leave, illness, etc.

While there was some awareness of the requirement in PSI [Guidance on the Provision of Vaccination Services by Pharmacists in Retail Pharmacy Businesses](#) for superintendent pharmacists to ensure that supervised practice runs in the pharmacy are carried out regularly as part of an internal sign-off process, at a minimum annually for non-seasonal vaccinations and prior to the start of each vaccination season for seasonal vaccines, stakeholders felt that this practice should be more widely promoted among all pharmacists.

#### 4.1.6 Refresher skills training programme

Some stakeholders cited the potential benefit of providing an online refresher skills training programme for the administration of medicines. Stakeholders believed that this would be useful for those who, following self-assessment of their own knowledge, skills and competencies, wished to refresh their medicines administration skills. Stakeholders also felt the availability of online refresher skills training would be more supportive for pharmacists who have had a break in vaccination practice due to maternity leave, illness etc.

#### 4.1.7 Incorporation into MPharm Programme

Some stakeholders expressed a view that all graduates from a Master's Degree in Pharmacy (MPharm) programme in Ireland should be able to supply and administer vaccinations upon first registration with PSI, without the need to undertake additional training.

Stakeholders cited the inclusion of administration of medicines into the revised [Core Competency Framework for Pharmacists](#) as a positive step, however, acknowledged that legislative changes may be required to operationalise this in practice.

#### 4.1.8 Schools LAIV (Live Attenuated Influenza Vaccine) Programme

Some stakeholders raised concerns regarding issues on obtaining informed consent, which arose as part of the school's LAIV programme during the previous flu season. It was acknowledged that while PSI [Guidance to Support Pharmacies in Providing Safe Vaccination Services Offsite from the Pharmacy Premises](#) is available, and that pharmacists are directed to the National Immunisation Office [Toolkit to Support the Administration of Flu Vaccination to Children in Primary Schools or Community Settings by Primary Care](#), there are opportunities to strengthen communications, information and resources for pharmacists to highlight the additional complexity, operational and workflow considerations involved in the school's LAIV programme.

#### 4.1.9 Review of Emergency Medicines Clinical Standards

The Pre-Hospital Emergency Care Council (PHECC) is the statutory body that sets the standards for education and training for pre-hospital emergency care in Ireland. PHECC

publish clinical practice guidelines and recognise institutions to provide pre-hospital emergency care training and education.

PHECC were asked for their views on PSI's current training requirements for pharmacists in relation to emergency medicines and stated that the requirement to repeat training on emergency medicines every two years is consistent with established practice in this area. PHECC are currently undertaking a review of emergency medicines clinical standards and education standards for responders and practitioners and endeavoured to keep PSI informed on the outcome of this process.

#### 4.1.10 Reimbursement for emergency medicines services

A number of stakeholders cited the lack of a state-funded scheme or service for the provision of emergency medicines as a significant barrier or disincentive to pharmacists completing the training on emergency medicines.

## 5. Insights from Pharmacist Survey

This section discusses the main findings from the survey issued to all registered pharmacists. A detailed analysis of the survey results is included at Appendix 2 of the report.

208 responses were received to the survey. Overall, 74.16% of survey respondents found PSI training requirements easy to understand and follow. The respondent profile is illustrated in Figure 3 below:

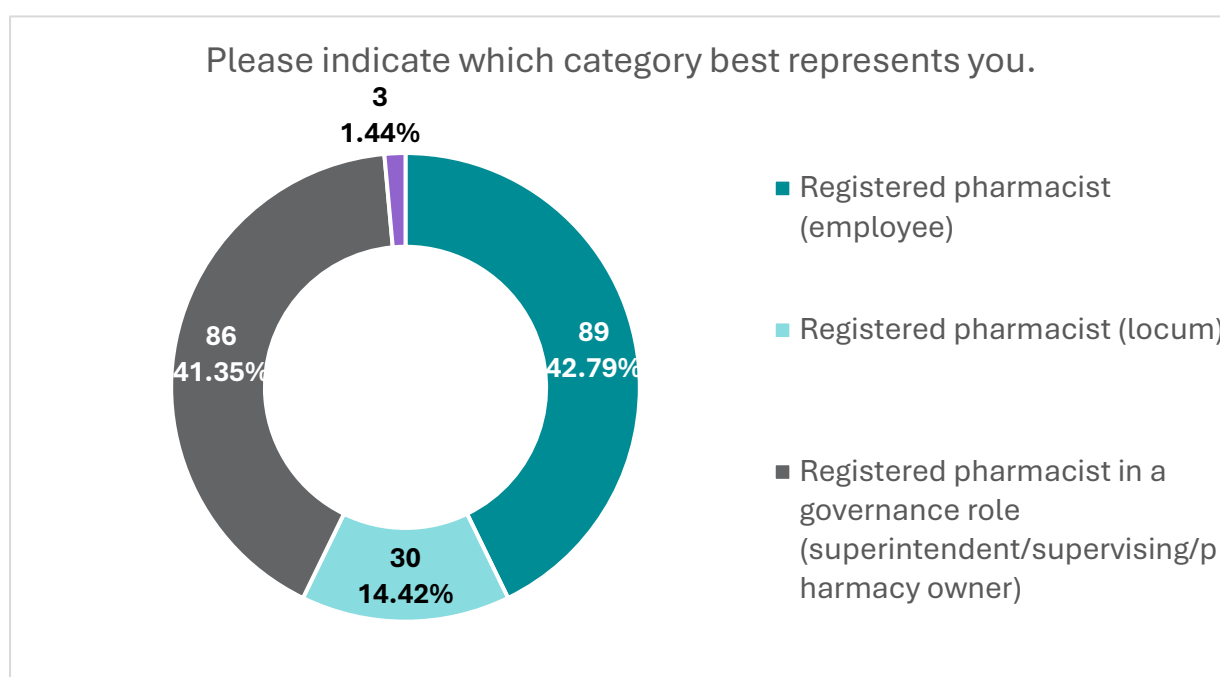


Figure 3: Respondent profile

Respondents who selected 'Not a registered pharmacist' (n=3) were subsequently brought to the end of the survey as the survey was intended for registered pharmacists only.



Respondents were asked if they had ever vaccinated patients as part of a community pharmacy vaccination service (Figure 4):

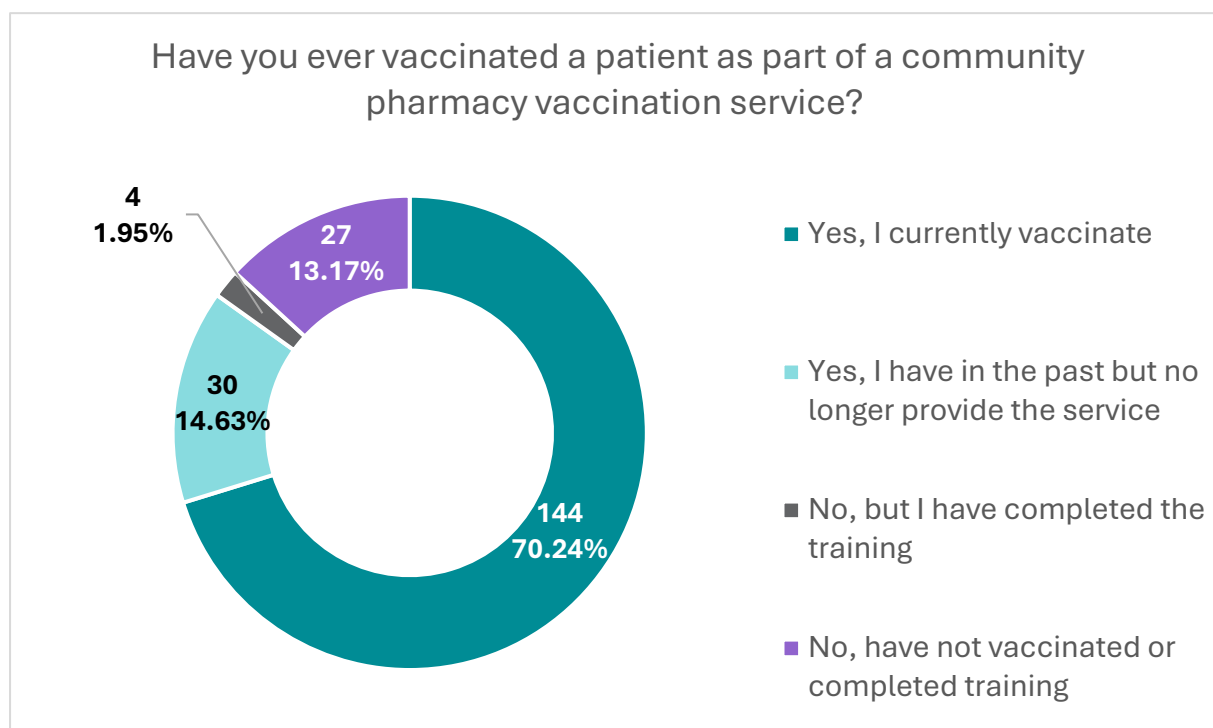


Figure 4: Have you ever vaccinated a patient as part of a community pharmacy vaccination service?

### 5.1 Reasons for not completing training

The twenty-seven respondents who had not vaccinated or completed training were asked via a multi-selection question why this was the case. The most common reason cited (n=11) was that respondents did not have the opportunity or time to do training. 10 respondents cited the cost of service delivery. 9 respondents were hospital/locum pharmacists, while seven respondents cited being newly qualified as a reason.

### 5.2 Completed training but currently not providing vaccination services

Respondents who said that they had vaccinated in the past but no longer provide the service' (n=30) or had completed training, but not vaccinated (n=4) were also asked via a multi-selection question why this was the case. Eleven respondents cited their role as working either in hospital pharmacy or as a locum, while 5 said they were practising in a non-patient facing role. 'Other reasons cited most frequently included 'Resource requirements, e.g. staffing, facilities, etc ' (n=11) and the 'Cost of service delivery, e.g. training costs' (n=10).

### 5.3 Vaccinations that respondents had completed training on

Respondents were asked to select which vaccinations they had completed training on. Out of 178 responses to the question, 97.19% of respondents selected 'Influenza', 85.39%

selected 'COVID-19 vaccines', 46.63% selected 'Herpes Zoster (Shingles)' and 44.94% selected 'Pneumococcal Polysaccharide'.

## 5.4 Emergency medicines respondents had completed training on

Respondents who said that they had completed vaccination and/or emergency medicines training (n=178) were asked to select which emergency medicines they had completed training on. While 93.82% had completed adrenaline training (RESMA Training Programme, figures were lower for other emergency medicines. 51.69% had completed Salbutamol training, 44.94% GTN training, 43.26% Glucagon training, 30.90% Naloxone training while 5.62% had completed 'none of the above'.

These results further highlight the low uptake of training on emergency medicines, which was also a theme raised frequently in the stakeholder meetings.

## 5.5 Delivery methods for training programmes

Respondents indicated strong satisfaction with the current delivery methods for the various training programmes, as can be seen in Table 4 below.

Table 4: Pharmacist views on delivery methods for training programmes				
Training Programme	Delivery Method	% Agree	% Disagree	% No Comment
Medicines Administration (Parenteral)(PAMT) Training Programme	Blended Training Programme (Online & face-to-face)	77.53%	16.29%	6.18%
Responding to an Emergency Situation and Management of Anaphylaxis (RESMA)	Online	87.43%	8.57%	4%
Delivery of a Pharmacy-Based Vaccination Service	Online	87.64%	8.43%	3.93%
Influenza Vaccine	Online	91.48%	4.54%	3.98%
Pneumococcal Polysaccharide	Online	72.41%	6.32%	21.26%
Herpes Zoster (Shingles)	Online	74.58%	6.78%	18.64%
Glucagon	Online	71.84%	7.47%	20.69%
Naloxone	Online (& optional face-to-face)	67.63%	8.09%	24.28%
Glyceryl Trinitrate (GTN)	Online	76.70%	5.68%	17.61%
Salbutamol	Online	76.57%	5.14%	18.29%

## 5.6 Mixed feedback on the need to repeat core training programmes

Respondents were asked if they agreed with the requirements to repeat core training programmes (RESMA, PAMT and Delivery of a Pharmacy-Based Vaccination Service) at the currently specified intervals. Mixed feedback was received in response to these questions:

### **Responding to an Emergency Situation and Management of Anaphylaxis (RESMA)**

Out of 176 respondents to this question, 57.39% of respondents selected 'Agree', 40.34% selected 'Disagree' and 2.27% selected 'No comment'. Respondents who selected 'Disagree' (n=71) were asked how often the training should be repeated, with self-assessment also provided as an option. The highest proportion of respondents selected 'Self-assessment' (n=26). The next most frequently selected option was '3-5 years' (n=21).

### **Medicines Administration (Parenteral) Training Programme (PAMT)**

- Out of 178 respondents to this question, 57.30% selected 'Agree', 38.76% selected 'Disagree' and 3.93% selected 'No comment'. Those who disagreed (n=69) were asked how often the training should be repeated. The highest proportion of respondents selected 'Self-assessment' (n=33), followed by '3-5 years' (n=11).
- Respondents were also asked what annual re-training should be required if they had administered vaccines during the previous year or influenza season. Out of 176 respondents, the most frequent response was that pharmacists should be required to self-assess the need for re-training each year' (n=119). The next most frequently selected option was that 'Optional online and/or refresher training to be made available' (n=93), while 63 pharmacists believed vaccinators should read national immunisation guidelines and the SPC for the vaccine/medicine.
- Respondents who had not administered in the past year or season were also asked, what re-training they believed should be required. Out of 156 responses, the most selected option was 'Would welcome online refresher option' (n=66), followed by 'Pharmacist should self-assess the need for re-training each year but must repeat after a break in practice of two years' (n=55), and 'Pharmacists self-assess the need for re-training each year' (n=50).

### **Delivery of a Pharmacy-Based Vaccination Service**

Out of 178 respondents to this question, 51.12% selected 'Agree', 43.82% 'Disagree', and 5.06% 'No comment'. Respondents who disagreed were provided with an additional question with alternative timelines for repeating this training programme. Of the 78 respondents who completed this additional question, the most common response was 'Self-assessment' (n=31), followed by '3-5 years' (n=21).

## 5.7 Mixed feedback on the need to repeat vaccine specific training programmes

Respondents provided mixed feedback on the need to repeat vaccine specific training programmes. There was strong disagreement on the need to repeat an Influenza training programme each year, with 60.80% of respondents selecting 'Disagree' to this question. For those who selected 'Disagree' (n=107), they were provided with an additional question with alternative options. The most frequently selected option was 'Self-assessment' (n= 42). The next most frequently selected option was '3- 5 years' (n=25).

Responses were balanced on the need to repeat the Herpes Zoster (Shingles) training programme every two years with 39.55% of respondents selecting 'Agree', 40.68% selecting 'Disagree' and 19.77% selecting 'No comment'. Those who selected 'Disagree' (n=72) were provided with an additional question with alternative options. The most frequently selected option was 'Self-assessment' (n= 39), followed by '3- 5 years' (n=18).

Responses were also balanced on the need to repeat the Pneumococcal Polysaccharide training programme every two years with 39.20% selecting 'Agree', 38.64% selecting 'Disagree' and 22.16% selecting 'No Comment'. Those who selected 'Disagree' (n=68) were provided with an additional question with alternative options. The most frequently selected option was 'Self-assessment' (n= 38), followed by '3-5 years' (n=15).

## 5.8 Mixed feedback on the need to repeat emergency medicines training programmes

Respondents provided mixed feedback on the need to repeat emergency medicines training programmes.

In relation to Salbutamol administration in emergencies, 31.82% selected 'Agree', 47.73% selected 'Disagree' and 20.45% selected 'No comment'. For those that selected 'Disagree' (n=84), they were provided with an additional question with alternative options. The most frequently selected option was 'Self-assessment' (n= 53), followed by '5 years' (n=12).

In relation to Glyceryl Trinitrate administration in emergencies, 34.83% selected 'Agree', 44.94% 'Disagree' and 20.22% 'No comment'. For those that selected 'Disagree' (n=80), they were provided with an additional question with alternative options. The most frequently selected option was 'Self-assessment' (n= 47), followed by '5 years' (n=11) and '3-5 years' (n=11).

In relation to Glucagon administration in emergencies, 41.81% selected 'Agree', 37.29% 'Disagree' and 20.90% 'No comment'. For those that selected 'Disagree' (n=66), they were provided with an additional question with alternative options. The most frequently selected option was 'Self-assessment' (n= 36) followed by '3-5 years' (n=14) and '5 years' (n=9).

In relation to Naloxone administration in emergencies, 38.98% selected 'Agree', 33.33% 'Disagree' and 27.68% 'No comment'. For those that selected 'Disagree' (n=59), they were provided with an additional question with alternative options. The most frequently selected option was 'Self-assessment' (n= 32) followed by '3-5 years' (n=12).

## 6. Discussion & Recommendations

Research and engagement carried out as part of this review found that, in general, the training requirements for pharmacists to supply and administer vaccines and emergency medicines are proportionate, working well and largely in line with the international training requirements examined.

Pharmacist respondents to the survey found the current training requirements easy to understand and follow (74.16%, n=178) and expressed strong satisfaction for current training delivery methods. Stakeholders were also largely supportive of current requirements although a preference was expressed for training to be accessible from one location (rather than through both HSELand and ILOP as is currently the case).

While overall review findings do not indicate a need for significant changes to the current vaccination training requirements, the review did identify a number of areas that could be strengthened.

### 6.1 Medicines Administration (Parenteral) Training Programme (PAMT)

As previously outlined, under the current vaccination and emergency medicines training requirements, once pharmacists have completed the medicines administration (parenteral) training programme (PAMT), they are recommended to reflect, self-assess and evaluate whether they need to refresh their training.

There is a mandatory requirement, however, to repeat PAMT if a pharmacist has not practised (i.e. administered a vaccine to a patient) or been trained on medicines administration in the previous 12 months (or previous flu season). In addition, this programme must be repeated by pharmacists if they wish to administer a vaccine or medicine via an injection route that they have never previously administered.

Some stakeholders felt that requiring pharmacists to attend a one-day in-person training course on medicines administration technique after a twelve-month break in practice was disproportionate, particularly for those on maternity leave or leave due to illness, and that more flexibility should be considered.

While 57.30% of pharmacist respondents agreed with the current requirements, 38.76% disagreed with the current requirement to repeat PAMT after a 12-month break in practice. Of those who disagreed with the current requirements (n=69), self-assessment was the most chosen basis for deciding when training should be repeated (47.83%, n=33).

Pharmacists were also asked their opinion on what re-training should be required for those who have not had a break in practice (n=176). 119 pharmacists (67.61%) believed that pharmacists should annually self-assess the need to repeat PAMT, while 93 pharmacists (52.84%) believed that an optional online and/or refresher training programme should be made available.

The review of training requirements internationally found that all jurisdictions examined require pharmacists to complete in-person injection technique training before they can begin vaccinating. There was variation, however, on when a pharmacist should be required to repeat training in injection technique and how this should be determined (via self-assessment, or if a specified period of time had passed since a pharmacist had last administered a vaccination).

### **Proposed changes**

Two changes are proposed to this training requirement:

- That all pharmacists be recommended to self-assess on an annual basis whether they are competent to safely administer vaccines and/or medicines, as part of an overall annual self-assessment.
- that pharmacists be required to repeat PAMT training in circumstances where they have had a break in vaccination practice for two years or longer. This change is intended to provide more flexibility for pharmacists returning to work after a break in practice due to illness or maternity leave and would also align with the current requirement to repeat CPR and RESMA training every two years.

This requirement for pharmacists to self-assess their competence in injection technique and other aspects of vaccination training is in place in a number of other countries internationally. Community Pharmacy England consider that an individual's continued competence is influenced by a number of factors such as their prior experience vaccinating patients, overall number of vaccines administered and the regularity with which they administer vaccines.

It would also be in line with the wider PSI regulatory framework, including CPD requirements and the Code of Conduct for Pharmacists that require pharmacists to use their professional judgement to determine the limits of their competence and when they need to undertake additional training or update their skills. Additional supports to facilitate self-assessment and peer review also form part of the recommendations of this review (see recommendation 3 below).

#### **Recommendation 1:**

Recommend all pharmacists to annually self-assess if they have the necessary skills and competencies to safely administer vaccines and/or emergency medicines.

**Recommendation 2:**

Pharmacists will be required to repeat the PAMT training programme in circumstances where they have had a two-year break in vaccination practice or longer.

## 6.2 Self-assessment

There was strong support among pharmacist survey respondents and several stakeholder organisations for self-assessment of pharmacists own training needs in relation to supplying and administering vaccines and emergency medicines. Where survey respondents disagreed with the current requirements to repeat certain training programmes, self-assessment was frequently the most preferred option selected, as demonstrated in Table 5.

Table 5: Pharmacist perspectives on self-assessment	
Training Programme	% of respondents selecting 'self-assessment', where they disagree with current requirements
Medicines Administration (Parenteral)(PAMT) Training Programme	47.83%
Responding to an Emergency Situation and Management of Anaphylaxis (RESMA)	36.62%
Delivery of a Pharmacy-Based Vaccination Service	39.74%
Influenza Vaccine	39.25%
Pneumococcal Polysaccharide	55.88%
Herpes Zoster (Shingles)	54.17%
Glucagon	54.55%
Naloxone	54.24%
Glyceryl Trinitrate (GTN)	58.75%
Salbutamol	63.09%

Several stakeholders felt that the current self-assessment and self-declaration form available on the PSI website could be improved and more widely promoted.

When examining requirements in other countries, the use of self-assessment varied across the frameworks. In Western Australia, pharmacists are provided with an optional self-assessment tool to assess their competency. In Ontario, it is the responsibility of the pharmacist to self-assess their training needs; however, they must self-declare to the

regulator that they are competent to administer medicines on an annual basis, and they are required to address any gaps that they identify through self-assessment or peer-assessment.

In England and Northern Ireland, all pharmacist vaccinators must undertake an annual self-assessment using a competency assessment tool in order to administer COVID-19 vaccines. To administer flu vaccines, all pharmacist vaccinators in England must undertake a self-assessment every two years using one of two available competency assessment frameworks.

### **Proposed changes**

It is proposed that the support resources and tools available to assist pharmacists with self-assessment of their knowledge, skills and competencies to safely supply and administer vaccinations and emergency medicines should be reviewed and updated, as appropriate, informed by similar tools available in other jurisdictions.

### **6.3 Peer review/assessment**

Some stakeholders suggested that peer review and assessment could be a useful mechanism for pharmacists to ensure that they are maintaining their skills in injection technique. It was also cited as a potential option for supporting those returning to practice after a short break in practice due to maternity leave, illness etc.

There was some awareness among stakeholders of the requirement in PSI Guidance for superintendent pharmacists to ensure that supervised practice runs are carried out regularly as part of an internal sign-off process when delivering pharmacy vaccination services.

Survey respondents also appeared relatively supportive of peer assessment, with this being selected as a fourth preference option to the question, which asked what re-training they believed should be required where they have not practised their injection technique in the past year. The most frequently selected options to this question were that an online refresher option would be welcomed, that pharmacists should self-assess the need for re-training each year but must repeat training after a break in practice of two years and self-assessment of the need for re-training each year. Peer review or peer assessment was also cited in a small number of free text comments when 'other' was selected in response to survey questions.

From the comparator research conducted, it was found that the use of peer review or peer assessment varied across the frameworks. Peer assessment is encouraged by the regulator in Ontario. Of note, for COVID-19 vaccination in England and Northern Ireland, a new or returning pharmacist must be assessed as competent by another vaccinator following a period of supervision. In New Zealand, peer assessment is required as part of the original vaccinator training course, where a clinical assessment is required to be carried out. This includes two supervised vaccination events.



## Proposed changes

Although peer assessment and peer review are included currently for superintendent pharmacists as part of PSI Guidance on vaccination services, it is considered that peer assessment and peer review should be more widely used to assist pharmacists in maintaining their skills in injection technique.

Peer review could be with another pharmacist vaccinator (intra-professional collaboration) or another healthcare professional trained in vaccination (inter-professional collaboration). PSI's recent review of the CPD model recommends opportunities for intra- and inter-professional collaboration should be investigated.

### Recommendation 3:

Review and update the support resources and tools available to assist pharmacists with self-assessment of their knowledge, skills and competencies to safely supply and administer vaccinations and emergency medicines.

As part of these support resources, explore the feasibility of:

- I. developing online refresher training supports,
- II. development of a support tool to assist pharmacists with peer assessment and peer review with another trained vaccinator.

## 6.4 Requirement to complete online (vaccine-specific) training modules

Some stakeholders felt that it was not necessary to repeat the Influenza training module on an annual basis and that self-assessment would be sufficient as an alternative.

In general, survey respondents did not agree with the need to repeat vaccine-specific training modules on a regular basis, with self-assessment frequently being selected as the most preferred option.

From the comparator research conducted, it was noted that in some jurisdictions, pharmacists are required to repeat formal training modules regularly, such as annually in Wales or every two years in New Zealand. In other jurisdictions it is 'recommended' to undertake certain eLearning components annually, such as for COVID-19 vaccines in England. For flu vaccines in England, pharmacists are expected to keep up to date by annually completing online training or by undertaking self-directed learning.

In New South Wales, pharmacists are required to annually review best practice policy and ensure they are competent for each vaccine they intend to administer, while in Western Australia, pharmacists must maintain their competency through yearly updates e.g. through self-directed learning or referencing the Australian Immunisation Handbook.

### **Proposed changes**

It is proposed to provide flexibility to pharmacists to maintain their competence on specific vaccines, which at a minimum must include referencing the National Immunisation Guidelines for Ireland, the Summary of Product Characteristics (SPC) for the vaccine they are supplying and administering and HSE Guidance (where applicable).

Pharmacists will also be recommended to complete the available online training programmes for the specific vaccines, although this will no longer be mandatory.

#### **Recommendation 4:**

Provide flexibility for pharmacists to maintain their competence on specific vaccines, outside of the current online training modules.

Pharmacists will be required to have up to date knowledge on any vaccine which is administered and can meet the training requirements in this regard by completing the specific training modules, where available, and/or through review of, or having up-to-date knowledge in the relevant National Immunisation Guidelines for Ireland, the Summary of Product Characteristics (SPC) for the vaccine and HSE guidance (where applicable).

Pharmacists will be recommended rather than required to complete the available online training programmes for the specific vaccines.

### **6.5 Requirement to repeat Delivery of a Pharmacy-Based Vaccination Service Training Programme**

Currently, pharmacists are asked to reflect, self-assess and evaluate whether they need to repeat this training programme to ensure that they have the necessary skills to safely deliver a vaccination service. The PSI currently requires that this training programme is repeated if a pharmacist has not vaccinated in the past 12 months (or influenza season).

Survey respondents had mixed views on the need to repeat this training programme, in line with the current training requirements.

### **Proposed changes**

It is proposed that the requirement to repeat this training programme should be changed to self-assessment for all pharmacists.

#### **Recommendation 5:**

The requirement to repeat the Delivery of a Pharmacy-Based Vaccination Service training programme should be changed to self-assessment for all pharmacists.

## 6.6 CPR, Responding to an Emergency Situation and Management of Anaphylaxis (RESMA) and emergency medicines training requirements

Survey respondents provided mixed feedback in relation to the need to repeat RESMA training and training on each emergency medicine every two years, however, it is proposed not to make changes to the current requirements for CPR, RESMA and the emergency medicines training requirements at this time. This will be kept under review pending the outcome of the Pre-Hospital Emergency Care Council (PHECC) review of emergency medicines clinical and education standards.

It is noted that, outside of RESMA training, which is a requirement for vaccine administration, uptake for training for other emergency medicines (Salbutamol, GTN spray, Glucagon, Naloxone) was much lower among pharmacist survey respondents.

One potential barrier to pharmacists undertaking training for other emergency medicines that was cited by stakeholders is the lack of reimbursement for emergency medicines.

### Proposed changes

It is proposed to make no changes to the current CPR, RESMA and emergency medicines training requirements. PSI should consider sharing findings of this review in relation to uptake of training on emergency medicines services with the Health Service Executive Primary Care Reimbursement Service (HSE-PCRS).

#### Recommendation 6:

Make no changes to the current CPR, RESMA and emergency medicines training requirements, pending the outcome of the Pre-Hospital Emergency Care Council (PHECC) review of emergency medicines clinical and education standards.

## 6.7 Schools LAIV Programme

Two key stakeholders involved in the development, oversight and delivery of national vaccination programmes raised concerns regarding issues on obtaining informed consent which arose as part of the school's LAIV (Live Attenuated Influenza Vaccine) Programme.

To maintain confidence in schools' vaccination programmes, these stakeholders felt that there are opportunities for PSI to strengthen communications, information and resources available to pharmacists, to highlight the additional complexity, operational and workflow considerations involved in the school's LAIV programme.

Robust PSI guidance to support pharmacies in providing safe vaccination services offsite from the pharmacy premises, which has specific information on obtaining informed consent for administration of the LAIV nasal vaccine to children in a school setting is available.

However, it is proposed that PSI should review and re-iterate communications on the importance of good governance of off-site vaccination services and additional complexity, operational and workflow considerations involved in offsite vaccination services in school settings. In addition, monitoring of off-site vaccination services delivered by pharmacies should be considered.

### **Proposed changes**

It is proposed to review and re-iterate communications provided to pharmacists in relation to the additional complexities, operational and workflow considerations involved in offsite vaccination services in school settings.

#### **Recommendation 7:**

Review and re-iterate communications provided to pharmacists on the importance of good governance of off-site vaccination services and additional complexity, operational and workflow considerations involved in offsite vaccination services in school settings.

Monitoring of off-site vaccination services delivered by pharmacies should be considered.

## **6.8 Administration of Medicines as part of National MPharm programmes**

During stakeholder meetings, some stakeholders felt that graduates of national MPharm programmes should be able to deliver vaccination services immediately upon first registration with PSI, without the need to undertake additional training. The inclusion of administration of medicines into the revised Core Competency Framework for pharmacists was noted as a positive first step in this regard.

A small number of survey respondents also commented that the administration of medicines should be covered as part of national MPharm programmes and that graduates should be prepared to vaccinate upon first registration with PSI.

It was established as part of the review that vaccination training forms part of some pharmacy degree programmes in other countries, for example, the Australian Pharmacy Council lists universities which deliver vaccination training in their accredited pharmacy degree programmes and the Ontario College of Pharmacists specify which university graduates have already received the appropriate injection training as part of their curriculum.

## Proposed changes

It is recognised that legislative change would be necessary to facilitate recognition of vaccination and emergency medicines training undertaken as part of national MPharm programmes, however engagement with the Department of Health and relevant sectors should explore this further.

### Recommendation 8:

Engage with the Department of Health and relevant sectors to explore legislative changes that would facilitate recognition of vaccination and emergency medicines training undertaken as part of national MPharm programmes.

## 7. Conclusion

In summary, based on the research and engagement findings carried out as part of this review, the following list of recommendations has been identified:

Table 6: Recommendations identified from the review	
1.	Recommend all pharmacists to annually self-assess if they have the necessary skills and competencies to safely administer vaccines and/or emergency medicines.
2.	Pharmacists will be required to repeat the PAMT training programme in circumstances where they have had a two-year break in vaccination practice or longer.
3.	<p>Review and update the support resources and tools available to assist pharmacists with self-assessment of their knowledge, skills and competencies to safely supply and administer vaccinations and emergency medicines.</p> <p>As part of these support resources, explore the feasibility of:</p> <ul style="list-style-type: none"><li>I. developing online refresher training supports,</li><li>II. development of a support tool to assist pharmacists with peer assessment and peer review with another trained vaccinator.</li></ul>
4.	<p>Provide flexibility for pharmacists to maintain their competence on specific vaccines, outside of the current online training modules.</p> <p>Pharmacists will be required to have up to date knowledge on any vaccine which is administered and can meet the training requirements in this regard by completing the specific training modules, where available, and/or through review</p>

	<p>of, or having up-to-date knowledge in the relevant National Immunisation Guidelines for Ireland, the Summary of Product Characteristics (SPC) for the vaccine and HSE guidance (where applicable).</p> <p>Pharmacists will be recommended rather than required to complete the available online training programmes for the specific vaccines.</p>
5.	The requirement to repeat the Delivery of a Pharmacy-Based Vaccination Service training programme should be changed to self-assessment for all pharmacists.
6.	Make no changes to the current CPR, RESMA and emergency medicines training requirements, pending the outcome of the Pre-Hospital Emergency Care Council (PHECC) review of emergency medicines clinical and education standards.
7.	<p>Review and re-iterate communications provided to pharmacists on the importance of good governance of off-site vaccination services and additional complexity, operational and workflow considerations involved in offsite vaccination services in school settings.</p> <p>Monitoring of off-site vaccination services delivered by pharmacies should be considered.</p>
8.	Engage with the Department of Health and relevant sectors to explore legislative changes that would facilitate recognition of vaccination and emergency medicines training undertaken as part of national MPharm programmes.

# Appendix 1 – Review of vaccination training requirements in four other countries

To inform the overall review, a review of vaccination training requirements for pharmacists in four other countries was carried out: Australia, the UK, Canada and New Zealand. Jurisdictions were chosen based on the availability of information in English.

Several frameworks are in place in the majority of the countries, in which case, more than one region (or vaccination programme in the case of the UK) was included to provide a more representative view.

## Scope of the review

The review also focused on training requirements that enable pharmacists to vaccinate as part of national (or regional) vaccination programmes, rather than private vaccination services. The review also did not include training requirements for other members of the pharmacy team who might be authorised to vaccinate, for example, pharmacist interns or registered technicians.

### 1. Australia

In Australia, pharmacists who have completed relevant training that meets the requirements of their state/territory are able to administer vaccines in accordance with their state/territory legislation. These requirements vary between different states and territories. The national Australian Department of Health and Aged Care has developed a National Immunisation Education Framework for Health Professionals across Australia which aims to enable mutual recognition of immunisation training programs across states and territories in Australia and a minimum set of curriculum requirements (Department of Health and Aged Care, [2018](#)).

The Pharmaceutical Society of Australia has prepared an overview of pharmacist-led vaccinations which provides a summary of how pharmacists are authorised to supply and administer vaccines in each state/territory, as well as lists of the vaccines which pharmacists can provide.

The requirements in three Australian states/territories are discussed below: Australian Capital Territory, New South Wales and Western Australia.

#### 1.1 Australian Capital Territory (ACT)

Pharmacists in the Australian Capital Territory are authorised to administer certain vaccines without a prescription under the Medicines, Poisons and Therapeutic Goods Regulations 2008 (as amended) (ACT Government, [2025](#)).

Authorised pharmacists must follow all aspects of the [ACT Pharmacist Vaccination Standards](#) issued by the Chief Health Officer, that set out the conditions and criteria under which a registered pharmacist may supply and administer the approved vaccines.

Since 1 April 2025, pharmacists can administer a broader range of vaccines with the aim of improving community access to vaccination services through local pharmacies (ACT Government, [2025](#)). The approved vaccines include COVID-19, Influenza, Diphtheria, Tetanus, Pertussis, Hepatitis A and B, Human Papilloma Virus, Measles, Mumps, Rubella, Respiratory Syncytial Virus (RSV), Typhoid, Varicella, Zoster Vaccine Recombinant, as well as others.

Pharmacists are considered to have appropriate training and competence to administer vaccines in the Vaccination Standards if they can demonstrate suitability against all of the following conditions:

- The pharmacist holds current registration with the Pharmacy Board of Australia under the Australian Health Practitioner Agency (AHPRA)
- The pharmacist has successfully completed a training course that complies with the Australian Pharmacy Council (APC) [Standards for the Accreditation of Programs to support Pharmacist Administration of Vaccines](#) and provided by an APC-accredited pharmacy education provider, and ensure they have the required knowledge for all authorised vaccines they intend to administer
- The pharmacist holds an anaphylaxis management certificate
- The pharmacist holds a current first-aid qualification (valid for three years)
- The pharmacist holds a Cardiopulmonary Resuscitation (CPR) certificate (valid for one year)
- The pharmacist holds appropriate professional indemnity insurance for providing a vaccination service.

A pharmacist immuniser must also ensure that they conduct vaccinations in accordance with the [Australian Immunisation Handbook](#). Pharmacists must also ensure they maintain their first aid and CPR certificates and a certificate for anaphylaxis e-training for pharmacists (ACT Government, [2025](#)).

## 1.2 Western Australia

In Western Australia, registered pharmacists who have successfully completed immunisation education requirements can administer vaccines to certain patients in accordance with a [Structured Administration and Supply Arrangements \(SASA\)](#). There are currently two separate SASAs issued under Part 6 of the [Medicines and Poisons Regulations 2016](#) that enable pharmacists to administer [COVID-19 vaccines at a suitably equipped and staffed premises](#) and to administer [all other approved vaccines](#) at a suitably equipped and staffed premises. Approved vaccines include Diphtheria, Hepatitis B, Herpes Zoster, Human



Papilloma Virus, Influenza, Measles, Meningococcal, Mumps, Pertussis, Pneumococcal, Polio, Respiratory Syncytial Virus, Rubella, Tetanus and Varicella.

All training requirements for pharmacist vaccinators are set out in the relevant SASA (Department of Health, [2025](#)). All registered pharmacists administering a vaccine in accordance with either SASA must have successfully completed an approved immunisation course provided by a listed organisation. Approved courses include obtaining informed consent for vaccination, administration, CPR and management of anaphylaxis.

Competency must be maintained through yearly updates. The competency acquired must relate to the vaccines being administered. Additional competencies may be gained through self-directed learning, including referencing the Australian Immunisation Handbook. The Department of Health determines and advises pharmacists if additional training is required for individual vaccines (Department of Health, [2024](#)).

Pharmacists who wish to administer a COVID-19 vaccine under the relevant SASA must also undertake additional approved COVID-19 training relevant to the COVID-19 vaccines they will be administering. There are also mandatory online immunisation update modules for influenza and RSV (Department of Health, [2025](#)).

There are requirements under the SASAs for the physical environment of the place or premises, including a community pharmacy. There are also requirements for sufficient staffing under the SASA for all other approved vaccines (Department of Health, [2024](#)).

### **Optional clinical competency assessment**

Pharmacists may undertake an optional [immunisation clinical competency assessment](#).

An Immunisation update module has also been developed by the WA Department of Health to provide all vaccinators access to current immunisation education and ensure professional skills are refreshed. Although vaccinators working under the CEO of Health SASA must complete the update annually, it does not appear to be mandatory for pharmacists.

### **Returning to the immunisation workforce**

Healthcare providers who are returning to work in immunisation-related fields (in any capacity) need to undertake [additional educational requirements](#), either a full immunisation course or an online update, depending on how recently they have practiced in healthcare or how long it has been since they practised in an immunisation related field (Department of Health, [2025](#)).

## **1.3 New South Wales (NSW)**

Pharmacists in New South Wales are authorised to administer certain vaccines without a prescription under the NSW Poisons and Therapeutic Goods Regulation 2008 (NSW Government, [2025](#)).

## **Mandatory Vaccination Standards**

Pharmacist immunisers must follow the [NSW Pharmacist Vaccination Standards](#) issued by the Chief Health Officer that set out the approved vaccines, general requirements, competency and training requirements and scope of practice, as well as other requirements.

The approved vaccines include COVID-19, Influenza, Diphtheria, Tetanus, Pertussis, Hepatitis A and B, Human Papilloma, Measles, Mumps, Rubella, Respiratory Syncytial Virus (RSV), Typhoid, Varicella, Pneumococcal, and others.

## **Training requirements for pharmacist immunisers**

A pharmacist immuniser must ensure that they have the required knowledge for all authorised vaccines that they intend to administer. For all vaccines the pharmacist must ensure that they comply with the [Australian Immunisation Handbook](#), Australian Technical Advisory Group on Immunisation (ATAGI) and in accordance with [Therapeutic Goods Administration \(TGA\)](#) product information.

Pharmacist immunisers must be a registered pharmacist and must have:

- Completed a training course that complies with the Australian Pharmacy Council (APC) [Standards for the Accreditation of Programs to support Pharmacist Administration of Vaccines](#) and provided by an APC-accredited pharmacy education provider. The pharmacist must hold a certificate confirming competency to vaccinate following completion of an accredited program for all authorised vaccines that they intend to administer.
- A valid Cardio-pulmonary Resuscitation (CPR) certificate issued within the last 12 months.

In addition to the above requirements, for the purposes of supply and administration of any COVID-19 vaccine, a pharmacist immuniser must review the NSW Health guidance on management of COVID-19 vaccines specific to each of the vaccines that the immuniser will be administering (NSW Government, [2025](#)).

## **Maintaining authority to vaccinate**

To maintain authority to vaccinate, the pharmacist immuniser must annually review best practice policy for immunisation and ensure their competence for each vaccine they administer. This may be, but is not limited to, attendance at seminars on current practices, or formal immunisation update courses. They must also maintain a valid CPR certificate, which is valid for 12 months.

An intern pharmacist who holds a certificate confirming competency to vaccinate following completion of an accredited training program for all vaccines they intend to administer, is able to administer specified vaccines under the direct supervision of a pharmacist immuniser who holds certification to vaccinate for the relevant vaccine.

## 2. Canada

### 2.1 Ontario

In Ontario, pharmacists are authorised to administer [vaccines](#) and [medicines](#) listed in two schedules. Pharmacists do not have prescribing authorisation for the vaccines or medicines listed in the two schedules (OCP, [2025](#)). NAPRA determines which vaccines require a prescription under the national drug schedules (NAPRA, [2025](#)), while for others pharmacists can pursue medical directives from physicians or nurse practitioners to prescribe these vaccines under delegation (OCP, [2014](#)).

Vaccines that pharmacists are authorised to administer include meningococcal, pneumococcal, Typhoid, Hepatitis A, Hepatitis B, Herpes Zoster, HPV, BCG, Japanese Encephalitis, Rabies, Varicella, RSV, Influenza, COVID-19 and Yellow Fever vaccines.

#### **Training requirements for injection training**

Requirements for injection training in Ontario are set by the pharmacy regulator, the Ontario College of Pharmacists (OCP). In order to administer injections in Ontario, pharmacists must:

- Successfully complete a training course in pharmacist injection education approved by the regulator,
- Maintain valid certification in CPR and First Aid, and
- Register their training with the College, where it appears on the public register.

Graduates of two universities in Ontario are considered to have already received the appropriate injection training as part of their curriculum (Ontario College of Pharmacists, [2025](#)).

Pharmacists must also follow the OCP's guideline for Administering a substance by injection.

Under the guideline, pharmacists must have sufficient knowledge, skill and judgment respecting the substance to be administered and the device(s) used to administer the substance, as well as the condition of the patient, among other requirements (OCP, [2025](#)).

Pharmacy technicians are also authorised to administer certain vaccines in Ontario if they meet specific requirements.

#### **First Aid and CPR Certification**

It is a requirement of the regulator for pharmacists to have valid certification in first aid and CPR prior to administering any substance by injection. Pharmacists must self-declare completion of the required First Aid and CPR training to the OCP and retain documentation (Ontario College of Pharmacists, [2025](#)).

#### **Training updates or recertification**

The regulator does not mandate specific requirements for injection recertification or training updates. After registering their initial injection training, vaccinating pharmacists make a self-declaration annually at registration renewal indicating that they have completed a training course approved by the regulator and will maintain valid First Aid & CPR certification. It is the responsibility of the pharmacist to self-assess their ability to administer injections prior to doing so and to undertake additional refresher training where necessary (OCP, [2025](#)).

The guideline on administering by injection also outlines that pharmacists must address gaps or learning opportunities, identified through self- and/or peer-assessment, and pursuing continuing education and/or additional training (OCP, [2025](#)).

Pharmacists are expected to work within the limits of their competence, knowledge, skill and physical, emotional and mental capacity, in line with the Standards of Practice and Code of Ethics (OCP, [2025](#)).

### **Emergency medicines**

In a life-threatening situation, a pharmacy professional can administer a substance by injection without a medical directive even if it is not listed in Schedule 1 of O. Reg. 256/24 (e.g., epinephrine, glucagon, naloxone). The Good Samaritan Act protects pharmacy professionals from liability when providing emergency care. Pharmacy professionals who administer a substance by injection in emergencies must still do so in accordance with the Administering a Substance by Injection Guideline, the Code of Ethics, and Standards of Practice (OCP, [2025](#)).

## **2.2 Saskatchewan**

In Saskatchewan, pharmacists who have undertaken appropriate training may prescribe and administer vaccines for the prevention of a number of diseases including Diphtheria, Hepatitis A, Hepatitis B, Herpes zoster (Shingles), Human Papillomavirus (HPV), Measles, Meningococcal disease, Mumps, Pertussis, Pneumococcal disease, Polio, Rubella, Seasonal Influenza, Tetanus, Varicella zoster (chickenpox) (SCPP, [2021](#)).

Authorisation to administer vaccines, as well as other medicines, is through Advanced Method Certification, which is described in more detail below. The prescribing of vaccines is enabled by a [separate framework](#) as part of the 'Minor Ailments and Self-care' prescriptive authority category for pharmacists. Pharmacists must meet training requirements and follow guidelines approved by the regulator and developed by [medSask](#) at the University of Saskatchewan.

### **Required Injection Technique Training**

Requirements for vaccination training are set by the regulator, the Saskatchewan College of Pharmacy Professionals (SCPP). Pharmacists who wish to administer medicines by injection must obtain advanced method certification by:

- Maintaining current First Aid and CPR certification,
- Completing an accredited training programme. The training consists of online modules and required learning followed by an Initial Live Injection Training In-Person workshop.
- Completing a Saskatchewan Specific Module in medicine administration (if not included in the accredited training program), and
- Declare advanced method certification (AMC) to the regulator through a portal or during renewal of their pharmacist licence (SCPP, [2025](#)).

### **Declaring advanced method certification**

Once a pharmacist has declared advanced method certification (AMC) to the Saskatchewan College of Pharmacy Professionals, the regulator first confirms all requirements for injection training have been met. The pharmacist then completes an AMC form for approval by SCPP. Following this the pharmacist receives their certificate along with a new practising licence with 'Condition A' removed (SCPP, [2025](#)).

A Ministerial Order also enables pharmacy students and pharmacy technicians to administer COVID-19 and Influenza immunizations until March 31, 2026 (SCPP, [2025](#)).

### **Vaccine-Specific Training**

To administer approved COVID-19 vaccines, pharmacists must also complete online COVID-vaccine specific modules as well as vaccine hesitancy training as specified by the Ministry of Health. In some cases vaccine hesitancy training is included in the main accredited training programme (SCPP, [2025](#)).

For publicly funded vaccines pharmacists are expected to follow the protocols under the Saskatchewan Influenza Immunization Program and its revisions from time to time, including for flu and COVID-19 (SCPP, [2021](#)).

### **First Aid and CPR training**

Pharmacists must attend an in-person or blended first aid and CPR course from a listed training provider. The regulator requires pharmacists to upload proof of completion. Pharmacists are required to renew their First Aid and CPR training as per industry standards (every three years) (SCPP, [2025](#)).

### **Refresher training**

If a pharmacist has not administered injections within the previous two years, whether their AMC has lapsed or not, they must take a Live Injection Refresher Workshop.

If their AMC has lapsed but they have administered injections, the pharmacist can apply for AMC, without the need to undertake refresher training.

If a pharmacist's AMC has lapsed more than two years they must undertake both the Live Injection Refresher Workshop and repeat the Saskatchewan-Specific Module (SCPP, [2025](#)).

## 3.0 UK

Vaccination training requirements and frameworks for pharmacists vary across the four countries of the UK.

There are national vaccination programmes for influenza in each country. For COVID-19 vaccination, there are national COVID-19 vaccination services at certain times of the year through NHS England and HSC Northern Ireland. In Scotland and Wales, however, COVID-19 seasonal vaccination programmes are coordinated at a local level by local health boards, including training requirements for pharmacists where applicable (NHS Wales, [2025](#)). For any service provided, pharmacies must satisfy the commissioning requirements for that particular service (Community Pharmacy Wales, [2025](#)). Locally commissioned services are Additional Clinical Services which are agreed between CPW and a Local Health Boards to meet a specific need within the Health Board area.

### 3.1 England (COVID-19 framework)

National Patient Group Directions (PGDs) enable pharmacists to supply and administer vaccines for influenza and COVID-19 as part of the national vaccination service.

#### **Requirements for pharmacist vaccinators – COVID-19 vaccination service**

Vaccinators who wish to administer COVID-19 vaccines under the national PGD are required to have undertaken training in line with UKHSA [training recommendations](#) for COVID-19 vaccinators (NHS England, [2025](#)).

#### **New vaccinators of those returning to vaccination after 12 months**

Under UKHSA training recommendations those new to COVID-19 vaccination or returning to vaccination after a prolonged period must complete:

- Work-based practical training including intramuscular injection.
- A period of supervision until vaccinator is confident.
- assessment of competency using the competency assessment tool.
- specific training about COVID-19 vaccines (the UKHSA/NHS England COVID-19 vaccination eLearning programme),
- certain components of the NHS England immunisation eLearning programme.
- must have also completed Basic Life Support and anaphylaxis training (adult and/or paediatric as required) within the last year.

It is also strongly recommended that inexperienced vaccinators undertake interactive training where possible. UKHSA highlight face to face training for new vaccinators as particularly valuable as it enables them to ask questions and gain peer support through meeting other vaccinators (UKHSA, [2024](#)).

### **Experienced and competent vaccinators who have vaccinated within the past 12 months**

For experienced and competent vaccinators who have vaccinated within the past 12 months, Basic Life Support (BLS) (adult and/or paediatric as required) and anaphylaxis training should have been undertaken within the last year. It is also recommended that this group of vaccinators should undertake certain components of the NHS England [Immunisation eLearning programme](#) if they have not received any vaccine update training in the past year.

### **Competency assessment tool**

In addition to UKHSA recommendations, the NHS England PGD that enables pharmacists to administer COVID-19 vaccines requires pharmacist vaccinators to use the [COVID-19 vaccinator competency assessment tool](#) on an annual basis to assess their competency.

If they are a new vaccinator or returning to immunisation after more than 12 months ('a prolonged period'), they must have been signed off as competent using the competency assessment tool (NHS England, [2025](#)).

## **3.2 England (Flu framework)**

Public Health England [National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners](#) set out the required knowledge and skills for healthcare professionals undertaking vaccination services in England. Pharmacist vaccinators must have undertaken practical training that meets the requirements of these standards to administer vaccines (NHS England, [2024](#)).

NHS England has determined that individuals providing the Flu Vaccination Service must have completed face-to-face training for both injection technique and basic life support (BLS) training (Community Pharmacy England, [2024](#)). It is also strongly recommended by Public Health England that new vaccinators undertake a period of supervised clinical practice (Public Health England, [2018](#)).

NHS England has determined that following their initial training, pharmacist vaccinators must complete face-to-face training in both injection and basic life support 'periodically' (CPE, [2025](#)). This is determined through mandatory self-assessment, which must be carried out every two years (CPE, [2025](#)). Previously face-to-face training for both injection technique and basic life support was required every three years.

Vaccinators are expected to undertake annual update training, to ensure their knowledge stays up to date with changes in practice and guidance. Annual update training may involve self-directed learning, using relevant references sources, such as the Green Book and the

annual flu letter. It may also include online training which is available from a range of providers (CPE, [2025](#)).

Pharmacist vaccinators can use one of two tools to carry out their self-assessment: the Centre for Pharmacy Postgraduate Education (CPPE) [Declaration of Competence](#) or UK Health Security Agency (UKHSA) [Flu vaccinator competency assessment tool](#). UKHSA recommendations which accompany the Flu vaccinator assessment tool provide the [same recommendations](#) for registered health care professional vaccinators returning to vaccination after a prolonged period as new registered health care professional vaccinators. The CPPE Declaration of Competence system aims to reduce bureaucracy for service commissioners and community pharmacies (CPPE/NHS England, [2024](#)).

An individual's continued competence may be influenced by their prior experience vaccinating patients, including the overall number of vaccines administered and the regularity with which they administer vaccines (CPE, [2025](#)).

Public Health England [Immunisation training standards](#) also recommend that immunisers keep a portfolio of completed training and competency assessments as evidence for their employers and for professional revalidation.

### **Requirements for pharmacy owners – Flu and COVID-19 vaccination services**

Pharmacy owners can choose to provide flu and COVID-19 vaccination services as long as they meet the requirements of the relevant service specification (CPE, [2025](#)).

For flu vaccination, pharmacy owners must ensure vaccinating pharmacists have completed appropriate training in line with Public Health England national minimum standards. Pharmacy owners should also ensure that vaccinators complete annual update training to ensure their knowledge and practice remain current, before self-declaring (NHS England, [2024](#)). This could include reviewing relevant reference sources such as the Green Book or Annual flu letter and/or online training, of which there are a range of providers available (CPE, [2024](#)). Pharmacy owners must also ensure that vaccinators are competent to deliver the service and demonstrate this through completing self-assessment.

For COVID-19, pharmacy owners must ensure that pharmacist vaccinators have completed appropriate and adequate training and are competent in administering the relevant vaccines. They must ensure that vaccinators have completed the additional online NHS England [COVID-19 specific training modules](#) and that their overall vaccination training includes the recognition and initial treatment of anaphylaxis. Pharmacy owners must also be 'in good standing' from a regulatory perspective in order to provide the service.

Pharmacy owners must also meet General Pharmaceutical Council (GPhC) [Standards for registered pharmacies](#) that set out the pharmacy regulator's requirements for the provision of pharmacy services, including vaccination (GPhC, [2025](#)). These include making sure there are enough suitably qualified and skilled staff for the safe and effective provision of pharmacy services and that staff have the appropriate skills, qualifications and competence



for their role and the tasks they carry out, or are working under the supervision of another person while they are in training (GPhC, [2018](#))’

### 3.3 Wales (Flu framework)

#### **Training and Accreditation requirements for the NHS Wales Seasonal Influenza Vaccination Service.**

Pharmacies in Wales can choose to provide the national NHS Wales Seasonal Influenza Vaccination Service.

Pharmacists who wish to vaccinate as part of the service must become **accredited**. The requirements for accreditation are set out in the service specification (NHS Wales, [2024](#)).

Pharmacists must have:

- completed the required training set out on the Health Education and Improvement Wales (HEIW) Learning Wales training platform ‘*Ty Dysgu*’ including National Clinical Services Accreditation (NCSA) and any requirements for initial or refresher vaccination and basic life support training,
- have successfully completed the Disclosure and Barring Service (DBS) check process with NHS Wales Shared Services Partnership,
- have submitted a Patient Group Direction declaration to NHS Wales Shared Services Partnership, and
- have received confirmation that their name is included in the All-Wales Pharmacy Database.

Pharmacists must be competent to assess a patient’s capacity to understand the nature and purpose of the treatment they will be offered/receive and that they have the capacity to give or refuse consent to treatment.

#### **Vaccine specific modules** (Community Pharmacy Wales, [2024](#)).

Vaccinators who vaccinated the previous year must complete two flu specific modules. New vaccinators or those who are returning after a break from vaccinating of 1 year or more must complete an additional flu specific module ‘Immunisation for New immunisers’

#### **Face-to-Face Flu Vaccination training**

Face-to-Face training only needs to be undertaken by those who are new to vaccination or returning after a break of one year or more; it incorporates Basic Life Support training. It should not be undertaken by those who vaccinated last year, who simply require the annual BLS training.

HEIW offer Face-to-face Vaccination Training. BLS training can be accessed either through HEIW or via another accredited provider (who meets British Resuscitation Council standards), which are listed on the TyDysgu website (Community Pharmacy Wales, [2024](#)).

#### **Basic Life Support (BLS) Training**

Since 2022, pharmacists must undertake annual Basic Life Support (BLS) Training. According to Community Pharmacy Wales, the rationale for moving to an annual requirement for Basic Life Support Training is that as more clinical services become available through community pharmacy in Wales, the potential need to perform BLS may also increase (Community Pharmacy Wales, [2024](#)). It is also intended to bring community pharmacy in line with other healthcare professionals who are required to undertake annual BLS training (Community Pharmacy Wales, [2023](#)).

HEIW offer a Basic Life Support Programme. Pharmacists may also use alternative providers.

### **Requirements for Pharmacy Owners**

The Pharmacy Owner must also meet certain requirements including the ‘requirements for characteristics of staff set out in the relevant legal authority’ and ensuring that vaccinating staff have completed the required training, accreditation and competency assessment set out in the relevant legal authority (NHS Wales, [2024](#)).

## **3.4 Northern Ireland (COVID-19 and flu)**

There are two national vaccination programmes in community pharmacy in Northern Ireland –

- The Community pharmacy Flu vaccination service, as part of the national flu immunisation programme.
- The Community pharmacy Covid-19 vaccination service, as part of the national COVID-19 immunisation programme (Health and Social Care, [2025](#)).

### **3.4.1 Northern Ireland COVID-19 Community Pharmacy Vaccination Service**

Before supplying and administering COVID-19 vaccines as part of the Northern Ireland COVID-19 Community Pharmacy Vaccination Service, pharmacists must have undertaken training appropriate to the Patient Group Direction ([PGD](#)) as required by local policy and in line with UK Health Security Agency Training recommendations for COVID-19 vaccinators (Public Health Authority and Department of Health NI, [2025](#)). Pharmacists:

- must have undertaken training appropriate to the relevant PGD as required by local policy and in line with UK Health Security Agency [training recommendations for COVID-19 vaccinators](#) (UKHSA, [2024](#)).
- must have completed the NHS England COVID-19 vaccination [e-learning programme](#), including the relevant vaccine specific session, and/or locally-provided COVID-19 vaccine training (Public Health Authority and Department of Health NI, [2025](#)).
- must have been signed off as competent using the [UKHSA COVID-19 vaccinator competency assessment tool](#) if new to or returning to immunisation after a prolonged period (more than 12 months) or use the assessment tool to identify training needs if have vaccinated within the past 12 months.

- must have completed basic life support training. Annual updates in Basic Life Support (adult and/or paediatric as required) and anaphylaxis training should be undertaken annually (UK Health Security Agency, [2025](#)) to ensure knowledge and practice remain current (Department of Health NI, [2025](#)).
- must be familiar with the vaccine product, Summary of product characteristics (SPC), national guidance and local policies. Must be competent to assess individuals for suitability for vaccination, identify any contraindications or precautions, obtain informed consent and to discuss issues related to vaccination as well as be competent in vaccine storage, intramuscular injection technique and the management of anaphylaxis (Public Health Authority and Department of Health NI, [2025](#)).

Under the Service Specification, the pharmacy contractor must ensure all vaccinators have completed face to face training and refresher training for injection technique and basic life support (including administration of adrenaline for anaphylaxis and annual updates should be undertaken (Department of Health NI, [2025](#)).

### **Requirements for Pharmacy Owners**

More generally, the pharmacy contractor must ensure that individuals providing the service are competent to do so, have completed the required training and the vaccinator competency assessment tool (Department of Health NI, [2025](#)). The pharmacy owner must also be familiar with guidance on the management of anaphylaxis in the vaccination settings and relevant sections of the Green Book.

### **3.4.2 Northern Ireland Community pharmacy flu vaccination service**

To vaccinate as part of the Community flu vaccination service pharmacist vaccinators:

- Must ensure they are working in line with the National Minimum Standards and Core Curriculum for Immunisation Training and the service specification.
- Must ensure they are declared competent to undertake immunisation and to discuss issues related to immunisation.
- Vaccinators providing the service should have undertaken face-to-face training for injection technique and basic life support (including administration of adrenaline for anaphylaxis). Annual updates should be undertaken to ensure knowledge and practice remain current. Periodic face to face refresher training for vaccinators should be considered to ensure consistency of practice, peer support and to discuss any clinical issues that are arising in practice. (Department of Health NI, [2024](#) and [2025](#)). The pharmacy contractor must ensure all vaccinators have completed face to face training and refresher training for injection technique (Department of Health NI, [2024](#)).

- Vaccinators must complete the **Flu Vaccinator Competency Assessment Tool**, should address any identified training needs and copies should be held in the pharmacy (Department of Health NI, [2024](#) and [2025](#)).
- Vaccinators must complete **relevant e-Learning for Health modules** such as Core Knowledge for vaccinators and other vaccine specific modules.
- Vaccinators must be familiar with guidance on the management of Anaphylaxis and the Green Book and appropriate indemnity arrangements should be in place (Department of Health Northern Ireland, [2025](#)).

### Requirements for Pharmacy Owners

Under the Service Specification, the pharmacy owner must ensure that all individual providing the service are competent to do so and are working in line with National Minimum Standards and core curriculum for immunisation training and are compliant with the training requirements within those standards that apply, the PGD and service specification (Department of Health, [2024](#)), including requirements for self-assessment, face to face and refresher training and annual updates.

## 4. New Zealand

Pharmacists in New Zealand who have completed an approved vaccinator training course and comply with the immunisation standards of the Ministry of Health are able to administer a range of [specified vaccines](#) under the [Medicines Regulations 1984](#) without a prescription.

### Training for Pharmacist Vaccinators in New Zealand

Professional pharmacist practice in New Zealand is regulated by the Pharmacy Council of New Zealand. The [Pharmacy Council of New Zealand](#) sets out the regulator's expectations of pharmacist vaccinators, including that they must have undertaken approved training and have appropriate knowledge and skills, must ensure they comply with the current requirements in the Immunisation Handbook and that they must complete a refresher course every two years to maintain their vaccinator status (Pharmacy Council of New Zealand, 2024).

The Ministry of Health is responsible for the National Immunisation Programme. In accordance with Health New Zealand [immunisation handbook](#), pharmacists are authorised to vaccinate on completion of full vaccinator training, including for influenza, MMR, COVID-19, HPV, Meningococcal and Zoster (eligible age cohorts vary by vaccine).

It is expected that pharmacists then notify their professional body, the [Pharmaceutical Society of New Zealand](#) (PSNZ) that they have met the requirements including the course completion date, to be added to the vaccinator database (Health New Zealand, [2025](#)). All vaccinators are also required to meet resuscitation requirements (see below). Authorised

**intern pharmacist vaccinators** can administer influenza, COVID-19, HPV, and MMR vaccines (eligible age cohorts vary by vaccine) (Health New Zealand, [2025](#)).

### **Approved required training for pharmacist vaccinators**

The approved training vaccinator course is provided by the Immunisation Advisory Centre (IMAC) and the course provided is entitled: 'flexible learning vaccinator foundation course (FLVFC).'

The FLVFC provides pharmacists and other regulated health care professionals with the knowledge and skills to safely and effectively administer vaccines on the National Immunisation Schedule, as appropriate within their scope of practice. It is an essential requirement for authorisation or approval as a vaccinator.

This course includes approximately 14–15 hours of online study, followed by a 4-hour classroom tutorial, and completion of an online open-book assessment. To obtain pharmacist or authorised vaccinator status, pharmacists must then complete a clinical assessment (including two supervised vaccination events) within 6 months of completing the coursework. The assessment normally takes place in the vaccinator's workplace.

### **Resuscitation requirements for all vaccinators**

In accordance with the immunisation handbook, all vaccinators must maintain their current resuscitation certificate, typically this is required every two years, unless employer protocols require it more frequently. All vaccinators need to be able to administer intramuscular adrenaline in the event of an anaphylactic reaction to an immunisation event. All vaccinators must meet the emergency equipment and management requirements, regardless of the immunisation setting.

### **Required repeat training for pharmacist vaccinators**

All vaccinators including pharmacists and pharmacist interns must attend an approved vaccinator update [course](#) every two years to be able to continue to administer vaccines. This is a 4-hour online course with an assessment at the end, which is a set of 20 multiple-choice questions. To maintain their status as an authorised pharmacist vaccinator, pharmacists must renew their authorisation every two years by meeting the following requirements:

- during the past two years or within a month of expiry of status, have completed a vaccinator update course that meets the current *Vaccinator Update Course Standards*;
- have a summary of their immunisation practice over the past 12 months, including type of immunisation practice, types of vaccinations given and other responsibilities related to immunisation
- have evidence of a current practising certificate;
- Have evidence of a current CPR certificate.

Pharmacists are required to notify their professional body, the PSNZ, when they have completed the specified requirements above (Health New Zealand, [2025](#)).

Furthermore, in some regions in New Zealand, for example in the Auckland region, peer reviewed self-assessments are required when applying to renew vaccinator authorisation. This negates the need for the pharmacist to provide a summary of their immunisation practice over the past 12 months.

Where a pharmacist's vaccinator approval has expired more than six months previously and it is more than five years since their initial vaccinator training they will be required to attend, complete and pass another vaccinator training course which must comply with the current edition of the IMAC Standards for Delivery of Vaccinator Training Courses (Pharmacy Council of New Zealand, [2024](#)).

### **Other requirements**

All vaccinators providing immunisation services need to have a minimum of two people present, one of whom must be an authorised vaccinator or pharmacist vaccinator; the other must be a competent adult who is able to call for emergency support and has a basic life support certificate (Health New Zealand, [2025](#)).

### **Requirements for pharmacy owners**

Pharmacy ownership in New Zealand is restricted - a pharmacy must be under the 'effective control' of one or more pharmacists to obtain a licence to operate. The licence holder is known as a responsible person.

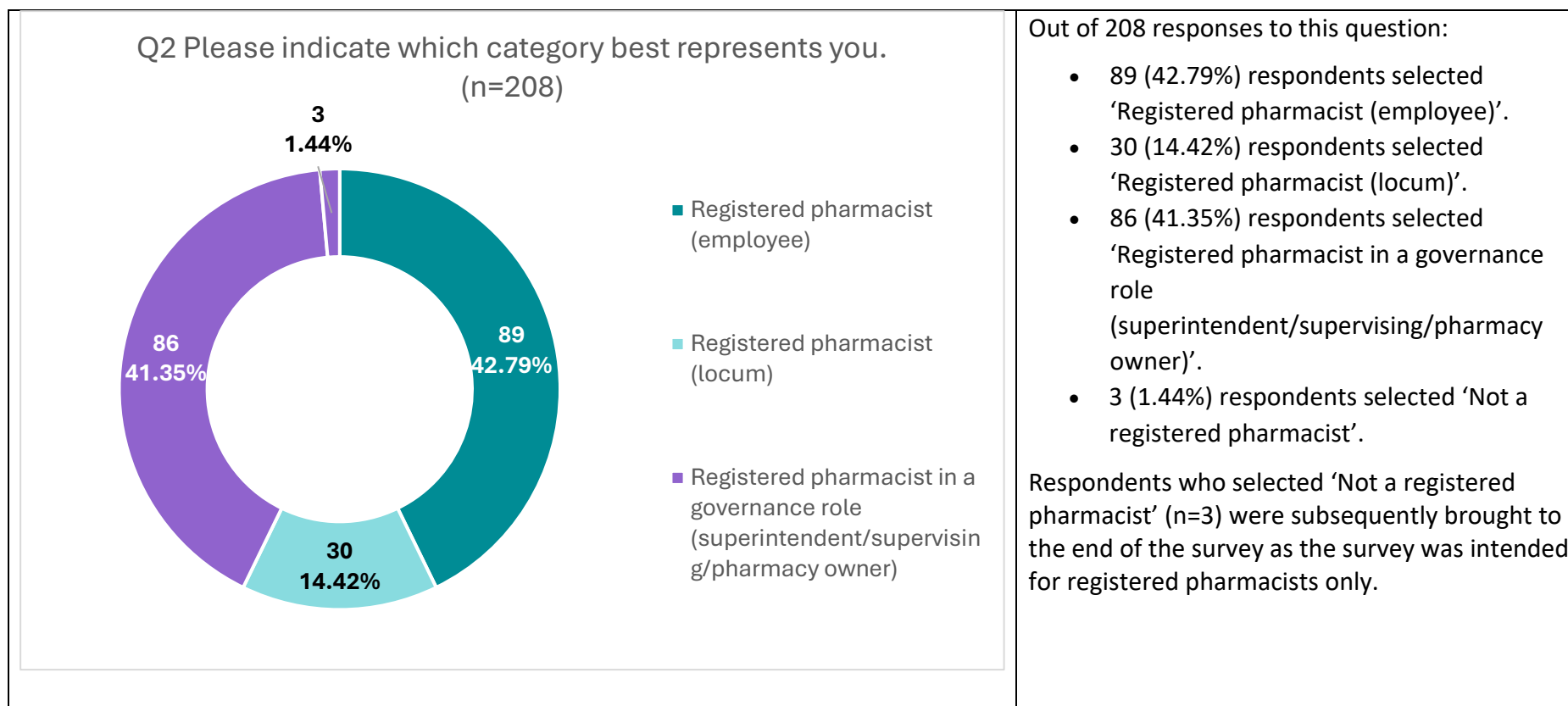
The New Zealand Medicines and Medical Devices Safety Authority (Medsafe) is the licensing body for pharmacies in New Zealand (New Zealand Ministry of Health, [2025](#)).

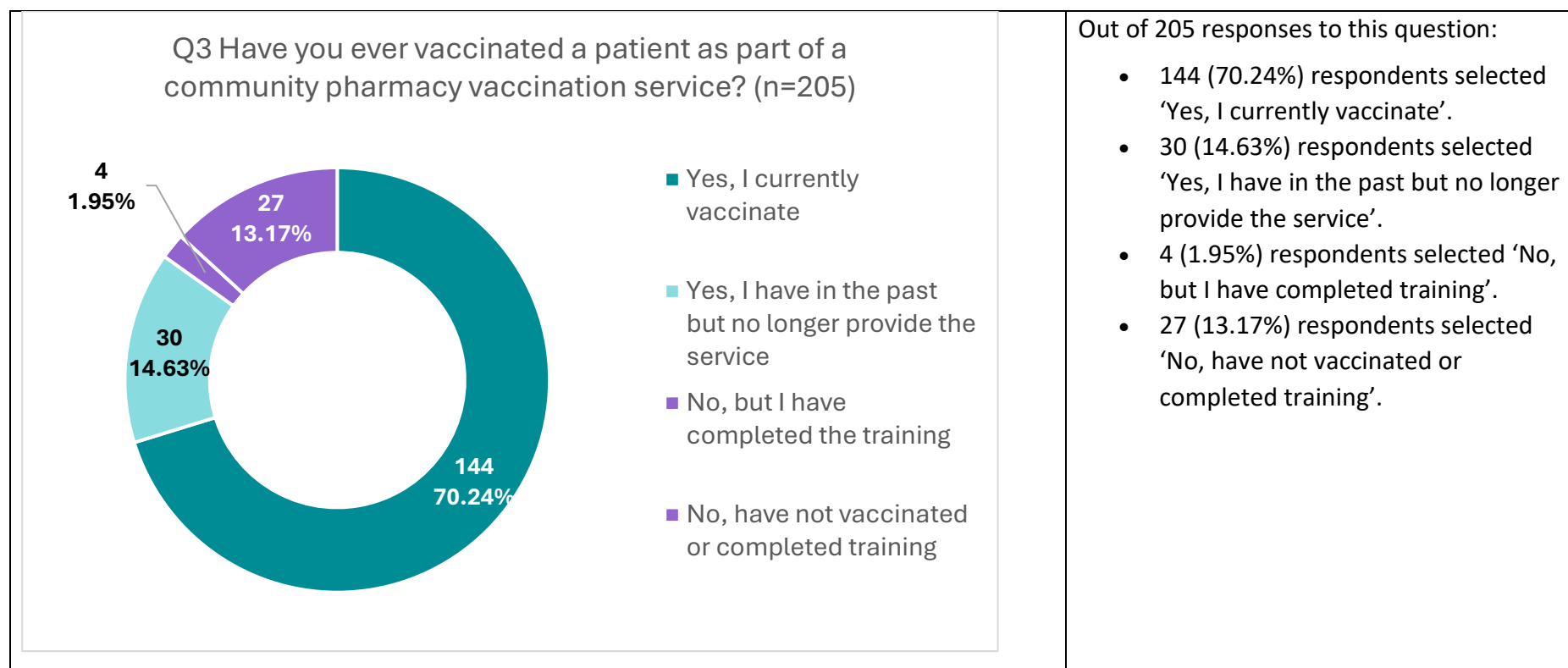
Medsafe requires responsible persons to ensure that pharmacy services provided by the pharmacy are safe and appropriate, suitably resources, that staff members are appropriately qualified or authorised to provide pharmacy services (Medsafe, [2024](#)).

To provide a funded influenza vaccine programme from a community pharmacy, the pharmacy must also have a signed contract with their respective Health New Zealand district.

## Appendix 2 – Findings from pharmacist survey

In total, **208** responses were received to the survey. All 208 respondents (**100%**) consented to the mandatory data protection question and proceeded on to the survey.





Based on the answer provided to this question, there were three different paths respondents could take:

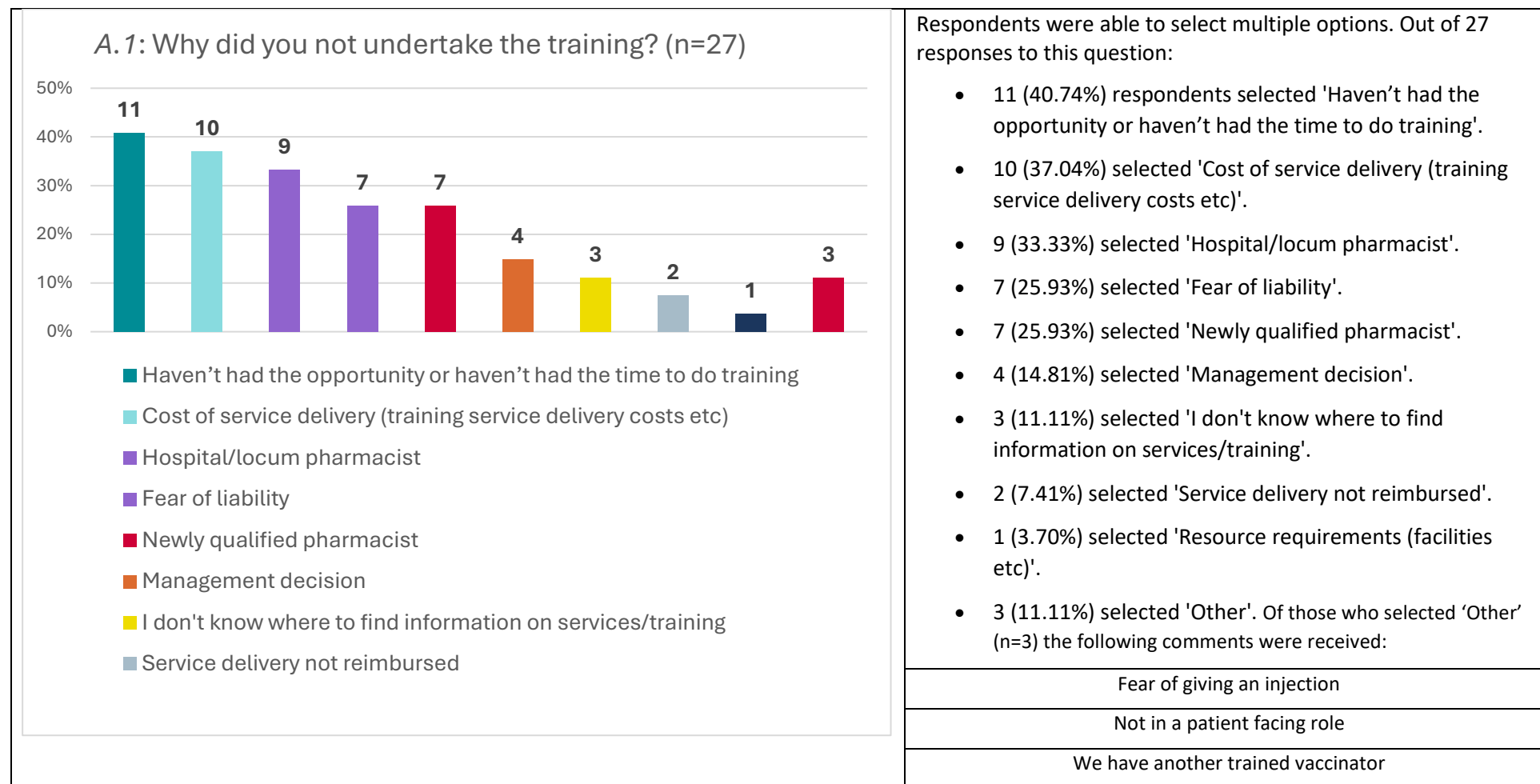
- **Path A:** Have not vaccinated or completed training (n=27) → proceeded to *Question A.1*
- **Path B:** Have previously provided vaccination services but not currently (n=30) AND have not vaccinated but have completed the training (n=4) → proceeded to *Question B.1*
- **Path C:** Have completed the training and currently vaccinate (n=144) → proceeded to 'Vaccination and Emergency Medicine Training' section

All pathways and corresponding questions are outlined in the following subsections.

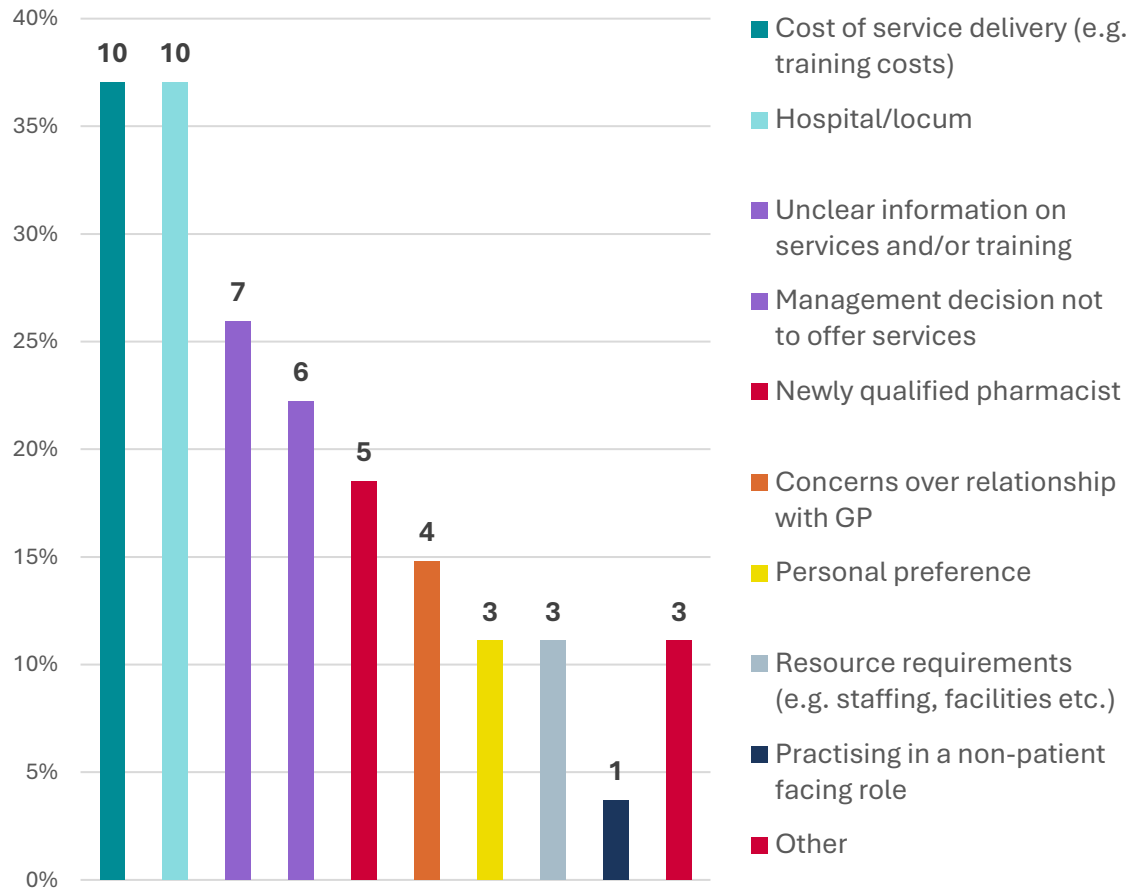


### Path A: Have not completed training and do not provide vaccinations

The 27 respondents who indicated they 'have not vaccinated or completed training' were prompted to provide additional insight as to why they have never completed the training and participated in vaccination services.



A.2: Why do you not provide vaccination or emergency medicines services? Please select all that apply. (n=27)



Respondents were able to select multiple options. Out of 27 responses to this question:

- 10 (37.04%) respondents selected 'Cost of service delivery (e.g. training costs)'.
- 10 (37.04%) respondents selected 'Hospital/locum'.
- 7 (25.93%) respondents selected 'Unclear information on services and/or training'.
- 6 (22.22%) respondents selected 'Management decision not to offer services'.
- 5 (18.52%) respondents selected 'Newly qualified pharmacist'.
- 4 (14.81%) respondents selected 'Concerns over relationship with GP'.
- 3 (11.11%) respondents selected 'Personal preference'.
- 3 (11.11%) respondents selected 'Resource requirements (e.g. staffing, facilities etc.)'.
- 1 (3.70%) respondent selected 'Practising in a non-patient facing role'.
- 3 (11.11%) respondents selected 'Other'.

For those that selected 'Other' (n=3) the following comments were received:

Fear of giving injection and didn't know about emergency medicines service

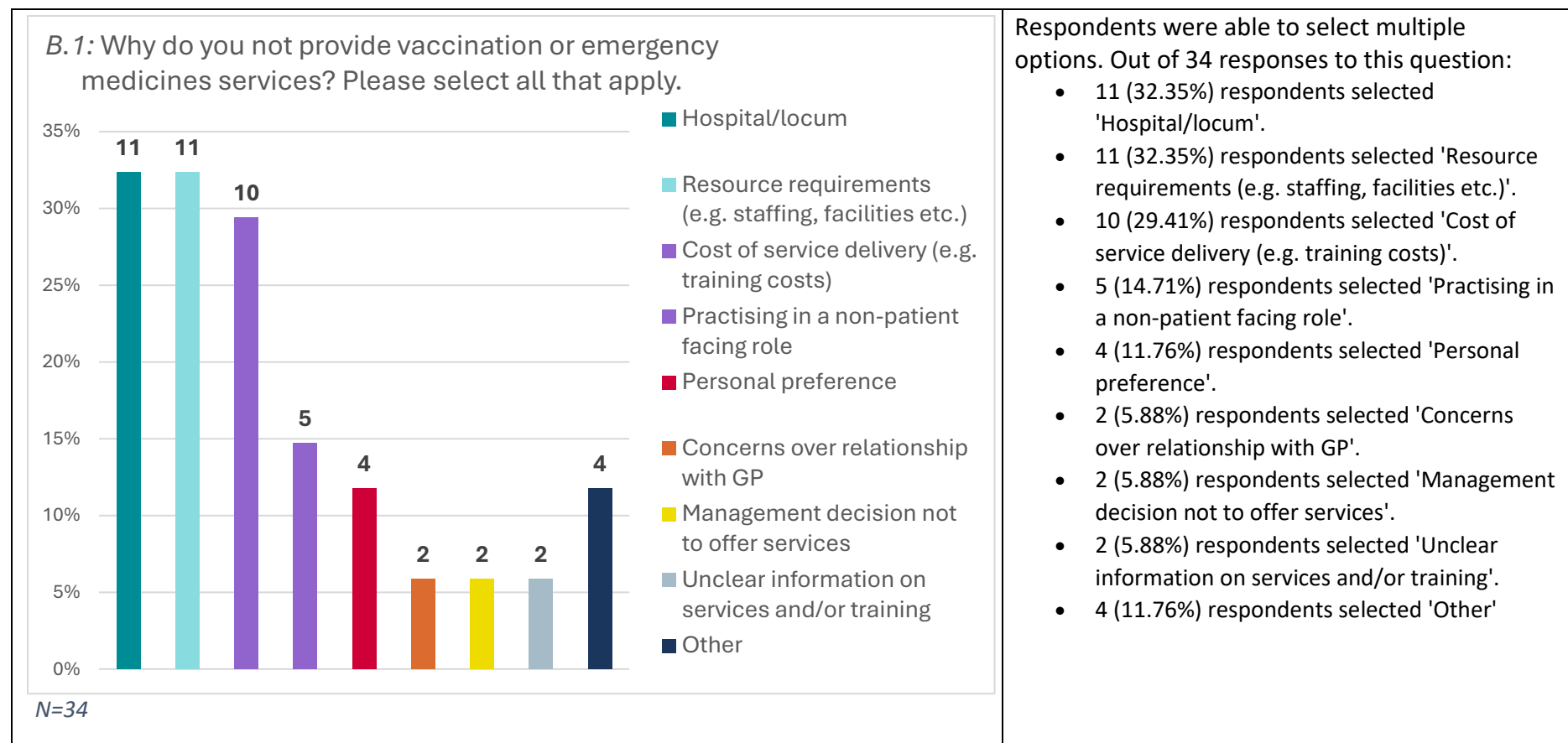
We have another trained vaccinator

Not in a patient facing role

The objective of this survey was to review the current vaccination and emergency medicines training requirements for pharmacists. Accordingly, further participation was not required from the 'Path A' respondents who have never vaccinated nor completed the training. These 27 respondents were subsequently brought to the end of the survey and thanked for their participation.

#### Path B: Have completed training but not currently providing vaccination service

Respondents who selected 'Yes, I have in the past but no longer provide the service' (n=30) or 'No, but have completed training' (n=4) were prompted to provide insights into the reasons for not offering vaccination or emergency medicines services.

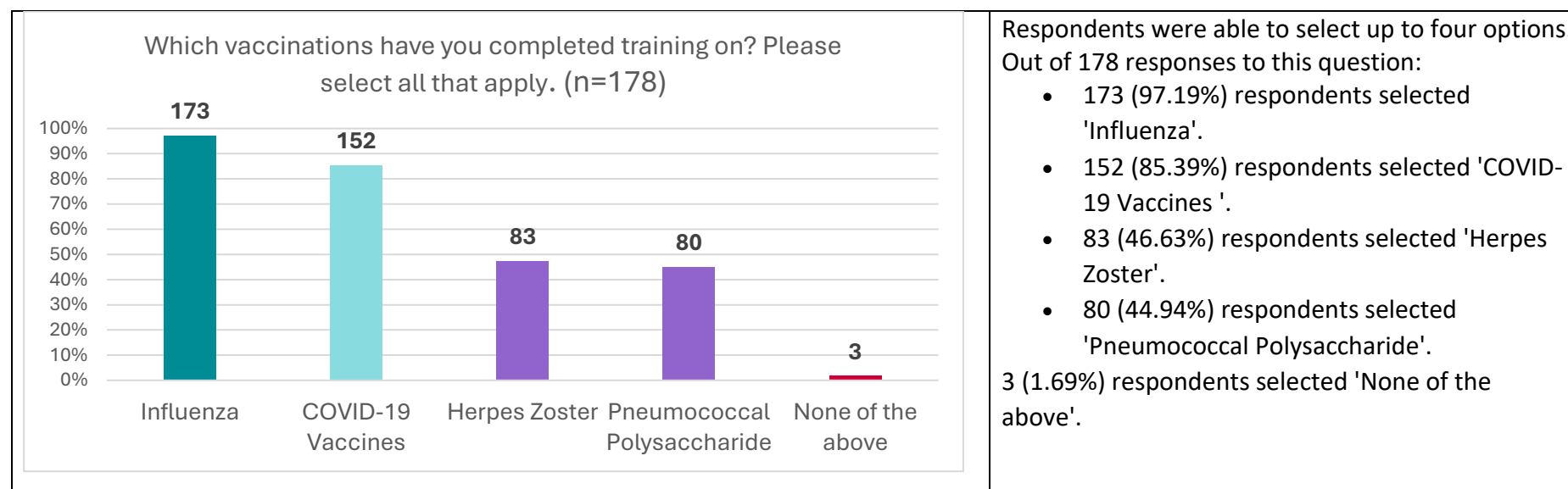


For those that selected 'Other' (n=4) the following comments were received:

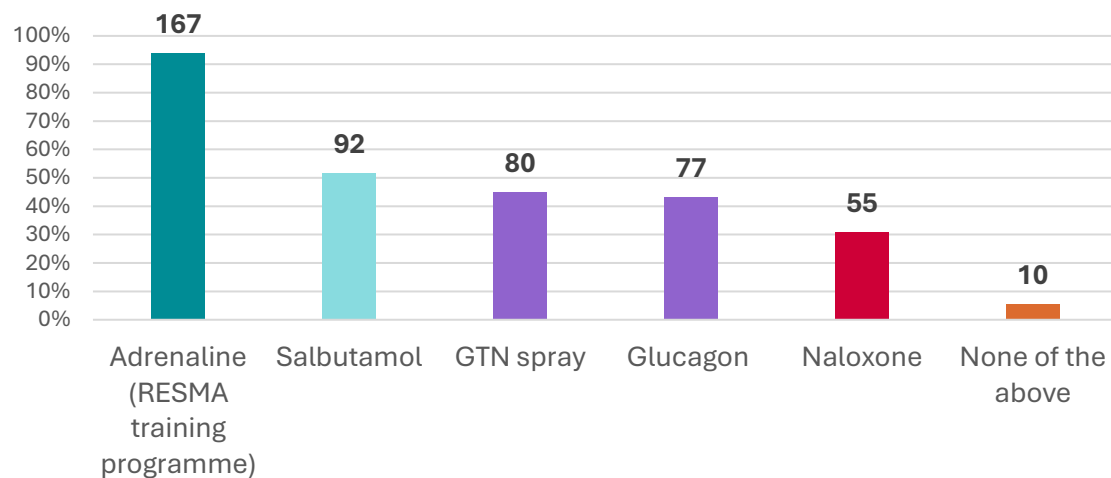
Out of work at present but returning shortly
Pharmacies tend to close vaccination clinics while a locum is working on premises. Also reimbursement for providing additional services is usually refused, meaning the individual is left out of pocket for these additional services with no incentive to provide vaccinations to the public benefit.
Reimbursement is not enough to cover the overhead of providing the service
The training is repetitive and tiresome

**'Path B' respondents (n=34) converged with 'Path C' respondents (n=144) from the following section onwards.**

## Vaccination and Emergency Medicines Training



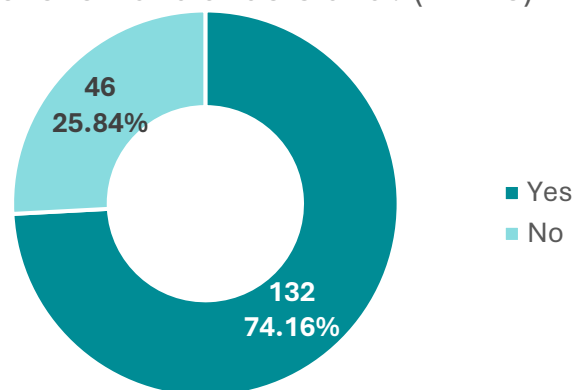
Which of the following emergency medicines have you undertaken training on? (n=178)



Respondents were able to select up to five options. Out of 178 responses to this question:

- 167 (93.82%) respondents selected 'Adrenaline (RESMA training programme)'.
- 92 (51.69%) selected 'Salbutamol'.
- 80 (44.94%) selected 'GTN spray'.
- 77 (43.26%) selected 'Glucagon'.
- 55 (30.90%) selected 'Naloxone'.
- 10 (5.62%) selected 'None of the above'.

Do you find the PSI training requirements easy to follow and understand? (n=178)



Out of 178 responses to this question:

- 132 (74.16%) of respondents selected 'Yes'.
- 46 (25.84%) of respondents selected 'No'.

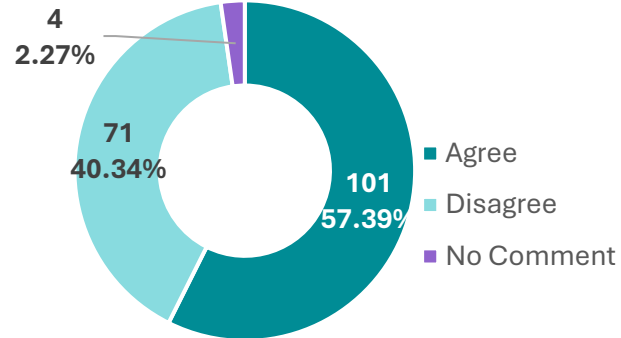
The 46 respondents who indicated they did not feel the PSI training requirements were easy to understand were prompted to specify why. Their comments have been summarised below. Full comments are available upon request.

The respondents who disagreed (n=46) were prompted to specify why. **41 respondents** provided a reason for their answer. Their comments have been summarised below. Full comments are available upon request.

Theme	Number of responses
Difficulty understanding what's required and where to access	13
Too many agencies/websites to navigate	5
Preference for overall certificate rather than multiple certificates	4
Confusing	3

## Responding to an Emergency and Management of Anaphylaxis (RESMA)

Do you agree with the current requirement to repeat RESMA training every two years? (n=176)

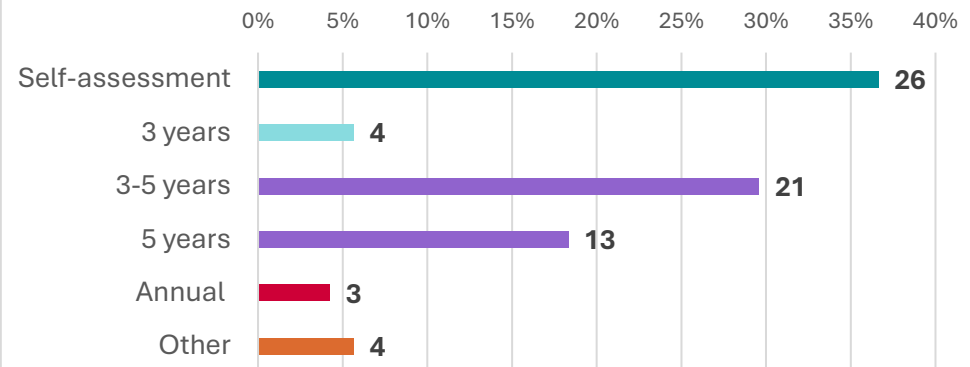


Out of 176 responses to this question:

- 101 (57.39%) of respondents selected 'Agree'.
- 71/176 (40.34%) of respondents selected 'Disagree'.
- 4/176 (2.27%) of respondents selected 'No Comment'.

The 71 respondents who disagreed were asked how often re-training should be undertaken:

If you disagree, how often do you believe RESMA re-training should be undertaken? (n=71)

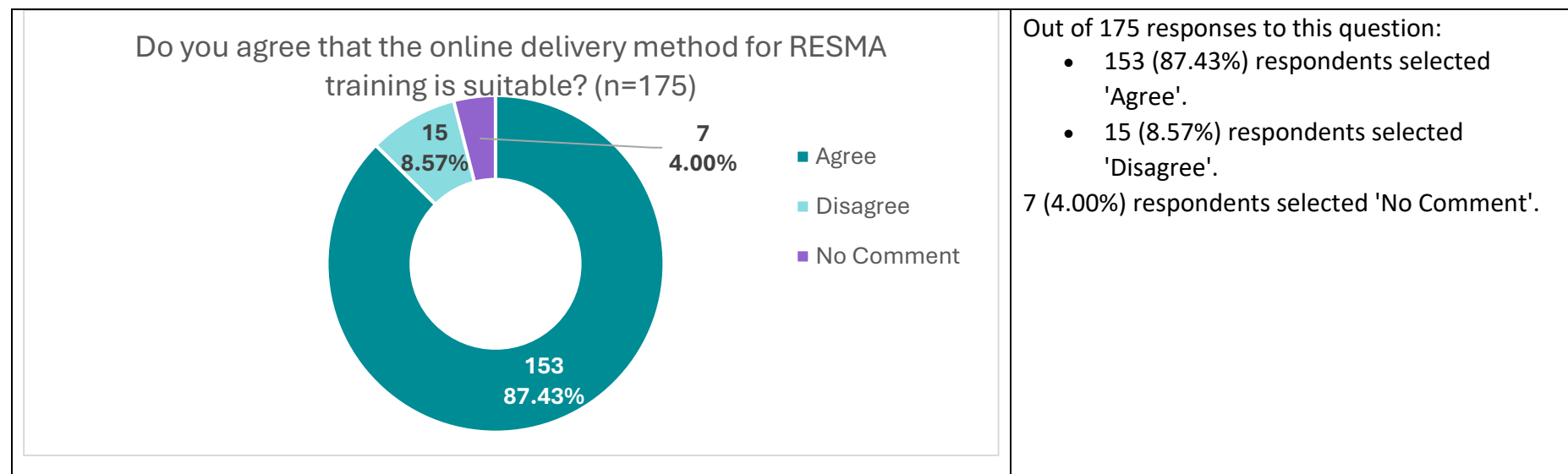


Out of 71 responses to this question:

- 26 (36.62%) respondents selected 'Self-assessment'.
- 4 (5.63%) selected '3 years'.
- 21 (29.58%) selected '3-5 years'.
- 13 (18.31%) selected '5 years'.
- 3 (4.23%) selected 'Annual'.
- 4 (5.63%) selected 'Other'.

For those that selected 'Other' (n=4) the following comments were received:

5years Unless the person hasn't been working in a clinical role then I think it should be earlier
10 years
5 years unless there is a significant change in the product and then a refresher course requirement at that point
Unless actual changes/updates needed to be covered



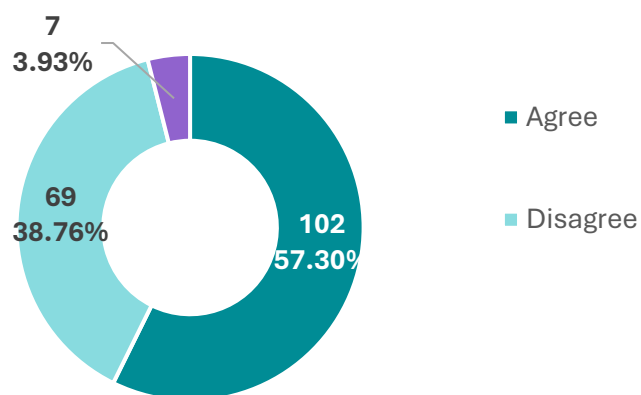
The respondents who disagreed (n=15) were prompted to specify why. **15 respondents** provided a reason for their answer. Their comments have been summarised below. Full comments are available upon request.

Theme	Number of responses
Preference for face to face/in person training	10



## Medicines Administration (Parenteral) Training Programme

Pharmacists are asked to reflect, self-assess and to evaluate whether they need to repeat training in the Medicines Administration (Parenteral) Training Programme. Do you agree with the current re-training requirements? (n=178)

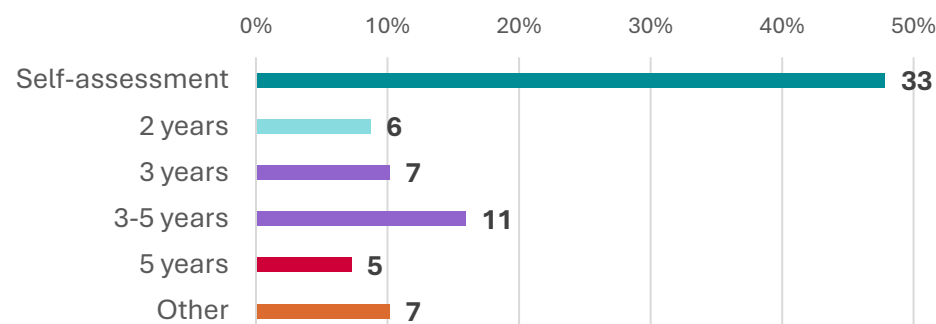


Out of 178 responses to this question:

- 102 (57.30%) respondents selected 'Agree'.
- 69 (38.76%) respondents selected 'Disagree'.
- 7 (3.93%) respondents selected 'No Comment'.

The 69 respondents who disagreed were asked how often re-training should be undertaken

If you disagree, how often do you believe Medicines Administration (Parenteral) re-training should be undertaken? (n=69)



Out of 69 responses to this question:

- 33 (47.83%) respondents selected 'Self-assessment'.
- 6 (8.70%) respondents selected '2 years'.
- 7 (10.14%) respondents selected '3 years'.
- 11 (15.94%) respondents selected '3-5 years'.
- 5 (7.25%) respondents selected '5 years'.
- 7 (10.14%) respondents selected 'Other'.

For those that selected 'Other' (n=7) the following comments were received:

*Self-assessment or if there is a change in internationally recognised best practice*

*Seasonal influenza requirements - change to requirement to repeat if they haven't been trained OR haven't vaccinated in past 12 months, instead of previous flu vaccine season.*

*It doesn't make sense that this should occur more often than anaphylaxis training... and administering one vaccine is the same as another, shouldn't be a need to repeat training to administer further vaccines..*

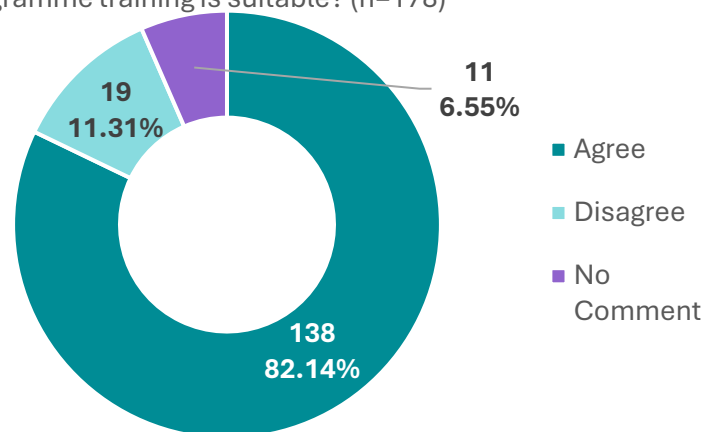
*Don't agree that course needs to be retaken if usually vaccinate into deltoid but emergency meds given into thigh and current guidelines indicate course needs to be done if injection not given into a route in the last year - emergency med very rarely given but need to redo PAMT annually just to cover this???*

*10 years*

*I do think that if someone has vaccinated over say 100 people then they should be able to self-assess but some sort of qualifying mark of competence or experience before self-assessment is allowed, having some sort of minimum requirement for self-assessment would also encourage those who are hesitant to vaccinate to work towards that qualification*

*If too much time (to be assessed, maybe 6 months) would have been passed between vaccinations*

Do you agree that the blended (online and face-to-face) delivery method for Medicines Administration (Parenteral) Training Programme training is suitable? (n=178)



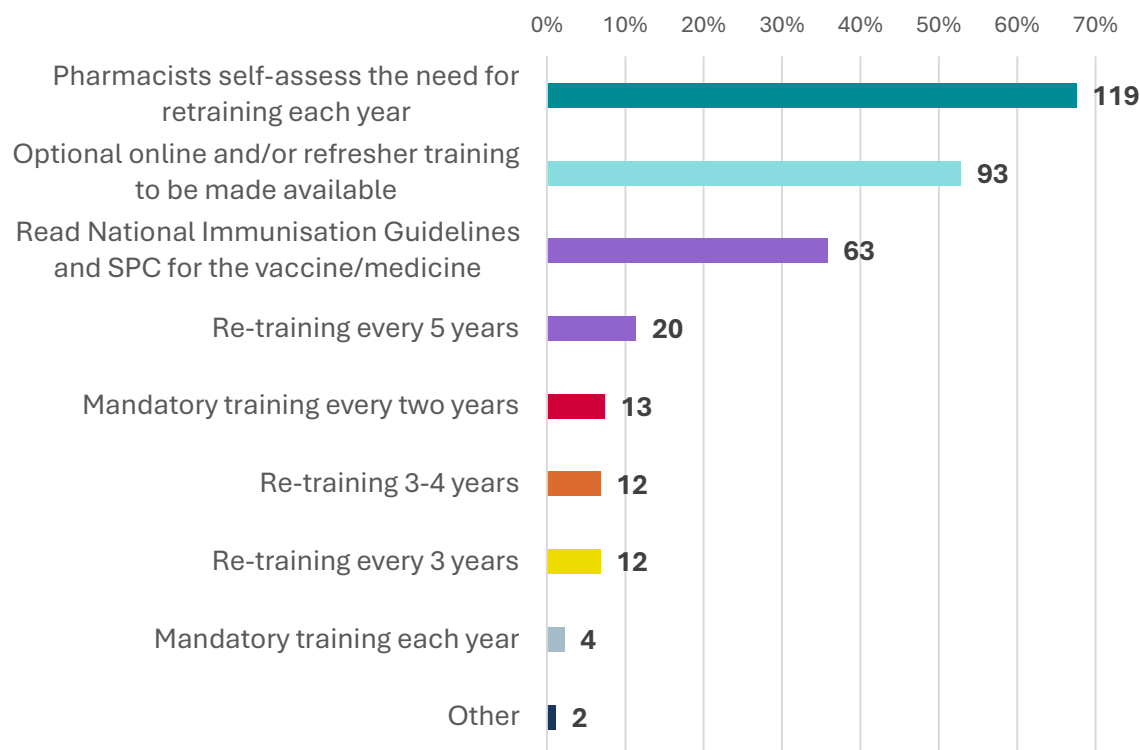
Out of 178 responses to this question:

- 138 (77.53%) respondents selected 'Agree'.
- 29 (16.29%) respondents selected 'Disagree'.
- 11 (6.18%) respondents selected 'No Comment'.

The respondents who disagreed (n=29) were prompted to specify why. **26 respondents** provided a reason for their answer. Their comments have been summarised below. Full comments are available upon request.

Theme	Number of responses
Preference for online refresher courses only	11
Preference for face to face training	2
Excessive/not necessary	2

If you have practised your injection technique on patients each year/influenza season, what type of re-training do you believe should be required? (n=176)

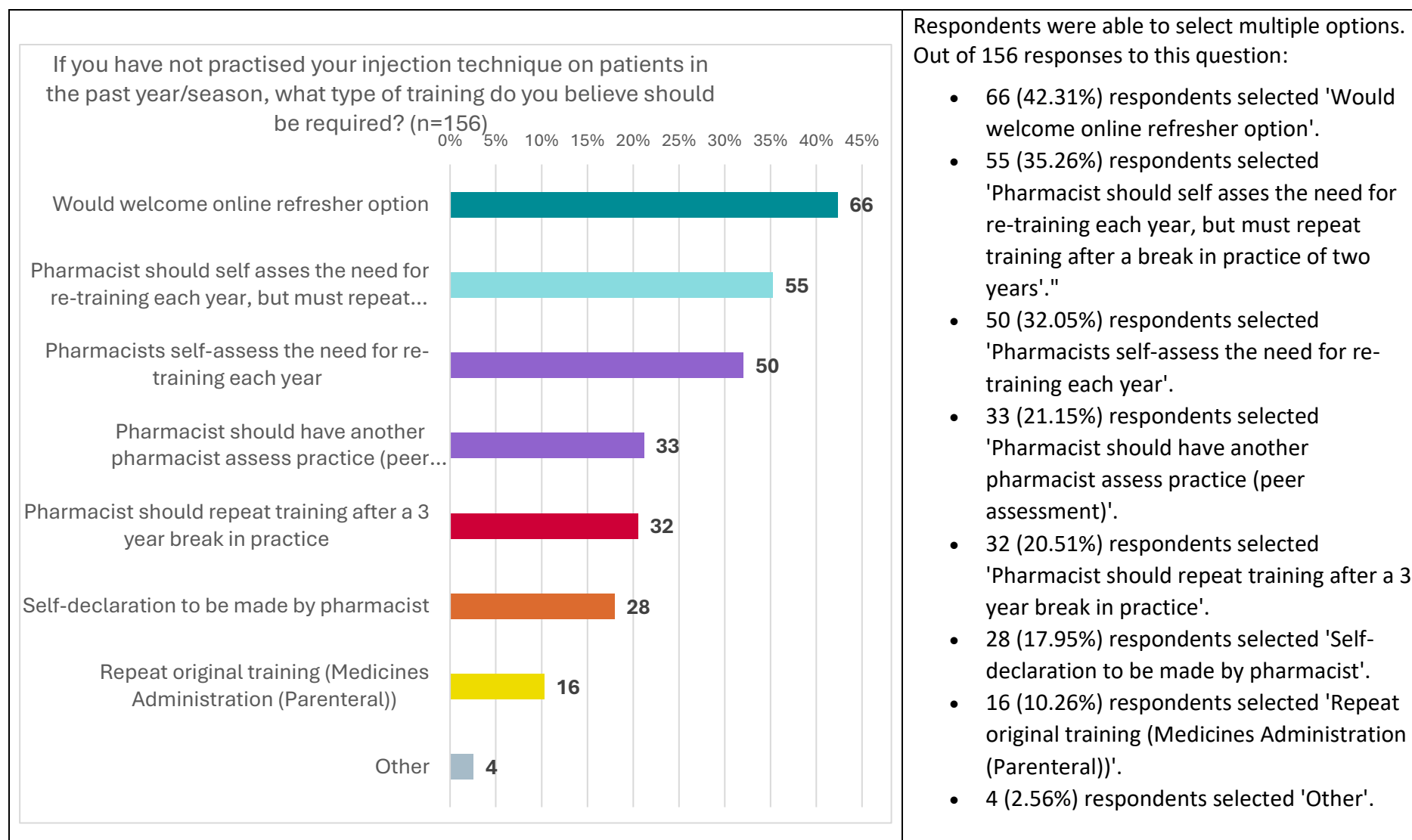


Respondents were able to select multiple options. Out of 176 responses to this question:

- 119 (67.61%) respondents selected 'Pharmacists self-assess the need for retraining each year'.
- 93 (52.84%) respondents selected 'Optional online and/or refresher training to be made available'.
- 63 (35.80%) respondents selected 'Read National Immunisation Guidelines and SPC for the vaccine/medicine'.
- 20 (11.36%) respondents selected 'Re-training every 5 years'.
- 13 (7.39%) respondents selected 'Mandatory training every two years'.
- 12 (6.82%) respondents selected 'Re-training 3-4 years'.
- 12 (6.82%) respondents selected 'Re-training every 3 years'.
- 4 (2.27%) respondents selected 'Mandatory training each year'.
- 2(1.14%) respondents selected 'Other'.

For those that selected 'Other' (n=2) the following comments were received:

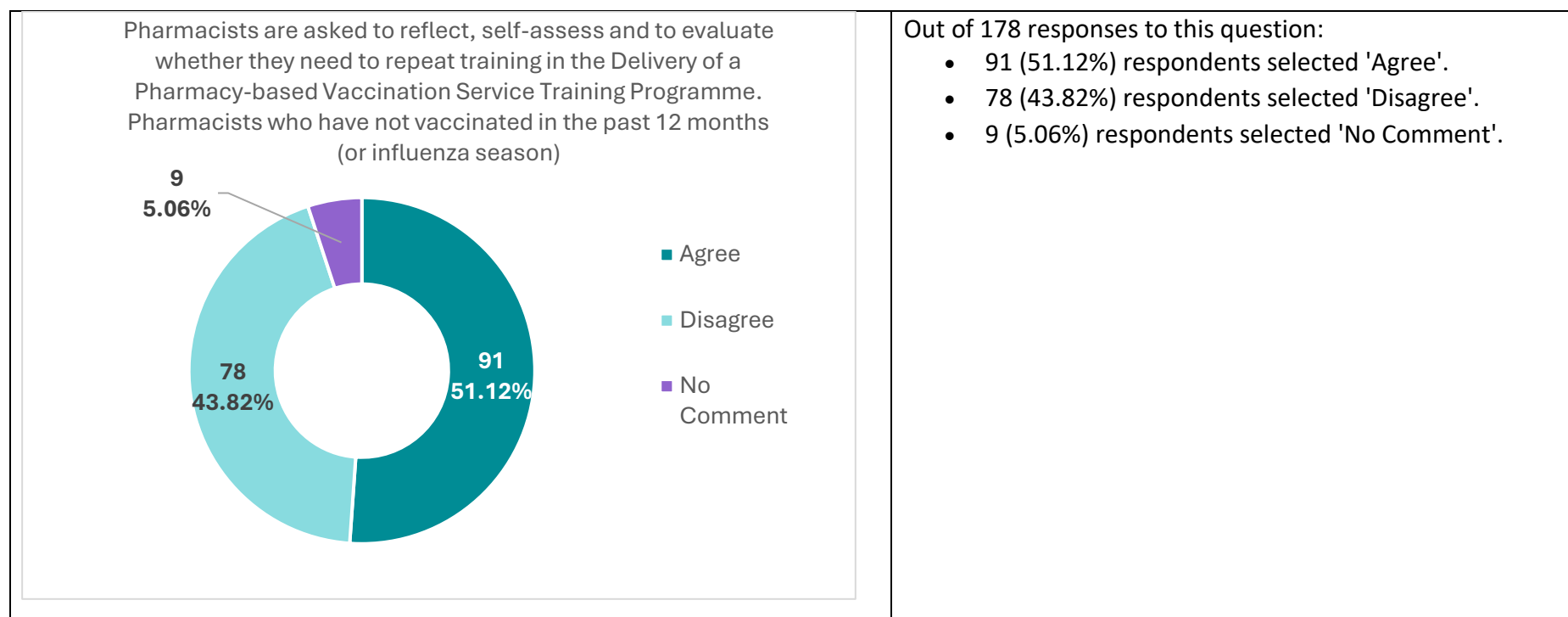
Peer review - having the SI carry out the OSCE is a great refresher or having a colleague review your first injection of the year also works well
Tailor refresher to highlight changes since last season rather than blasting us with all the detail every year.



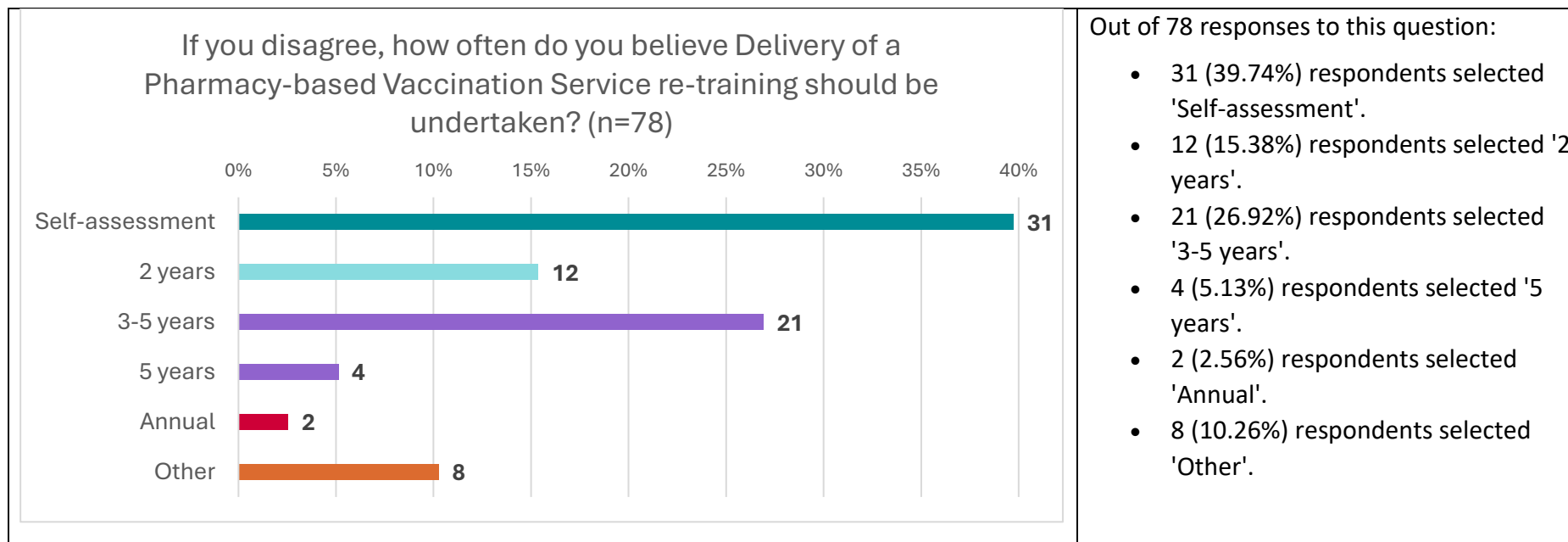
For those that selected 'Other' (n=4) the following comments were received:

Pharmacist should self assess the need for re-training each year, but must repeat training after a break in practice of 6-9 months
As per last question, update clinical knowledge as required and in line with all other elements of pharmacy practice it is the pharmacists' responsibility to maintain their professional competence.
Face to face with assessor if peer assessment not available
I have been out of direct practice for 5 years but i feel fully competent in delivering a vaccine service having worked in busy pharmacies for the proceeding years and vaccinated hundreds of patients , that expereince has to count for something, i would have no issue with a superintendent or supervising reviewing the first 5 new ones again or something like that to sign me off

## Delivery of a Pharmacy-based Vaccination Service Training Programme



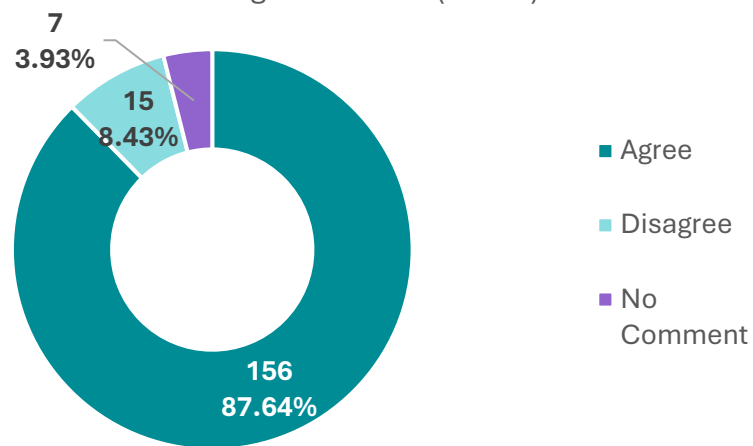
The 78 respondents who disagreed were asked how often re-training should be undertaken.



For those that selected 'Other' (n=8) the following comments were received:

<i>Once</i>
<i>Change flu vaccination training to previous 12 months instead of previous flu season</i>
<i>this discriminates against females who have taken maternity leave during a season</i>
<i>The current version means a very experienced vaccinator might need to retrain due to maternity leave. The PMAT is a huge commitment and very onerous training. The hours to complete it and work full time are difficult.</i>
<i>self assessment and peer review</i>
<i>Depends how many previous years of experience as vaccinator</i>
<i>Should only be for supervising pharmacist in a community pharmacy to do this</i>
<i>As per all other areas of pharmacy practice it is the pharmacists responsibility to maintain their professional competence.</i>

Do you agree that the online delivery method for the Delivery of a Pharmacy-based Vaccination Service training is suitable? (n=178)



Out of 178 responses to this question:

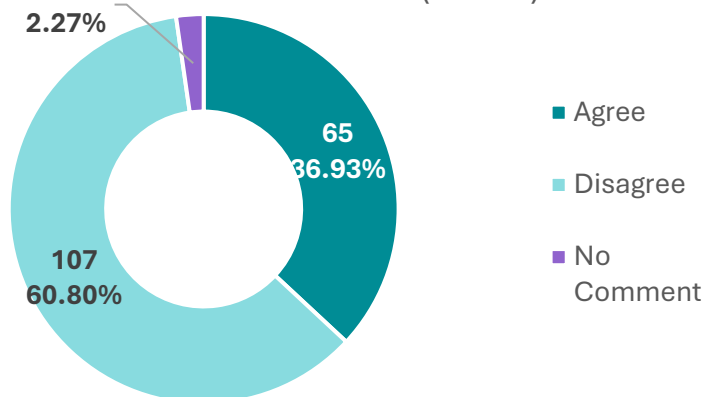
- 156 (87.64%) respondents selected 'Agree'.
- 15 (8.43%) respondents selected 'Disagree'.
- 7 (3.93%) respondents selected 'No Comment'.

The respondents who disagreed (n=15) were prompted to specify why. **12 respondents** provided a reason for their answer. Their comments have been summarised below. Full comments are available upon request.

Theme	Number of responses
Preference for face to face/in person training	7

## Influenza

Do you agree with the current requirement to repeat seasonal influenza training every influenza season? (n=176)

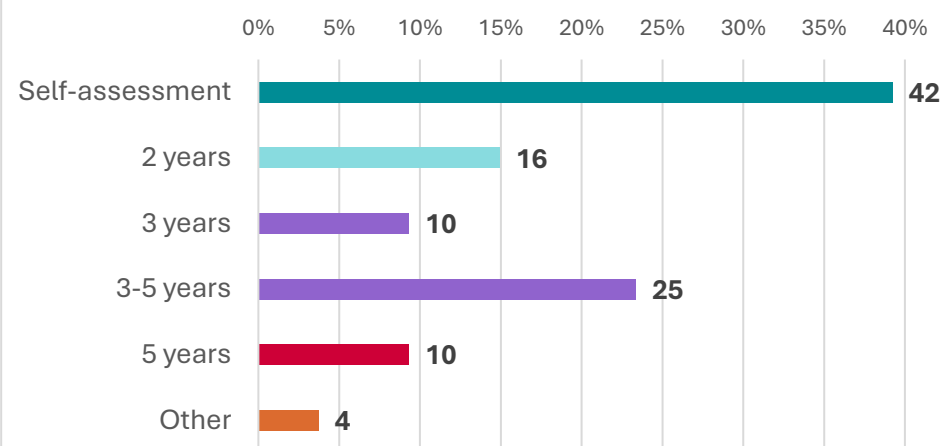


Of the 176 responses to this question:

- 65 (36.93%) respondents selected 'Agree'
- 107 (60.80%) respondents selected 'Disagree'
- 4 (2.27%) respondents selected 'No Comment'

The 107 respondents who disagreed were asked how often re-training should be undertaken.

If you disagree, how often do you believe seasonal influenza re-training should be undertaken? (n=107)



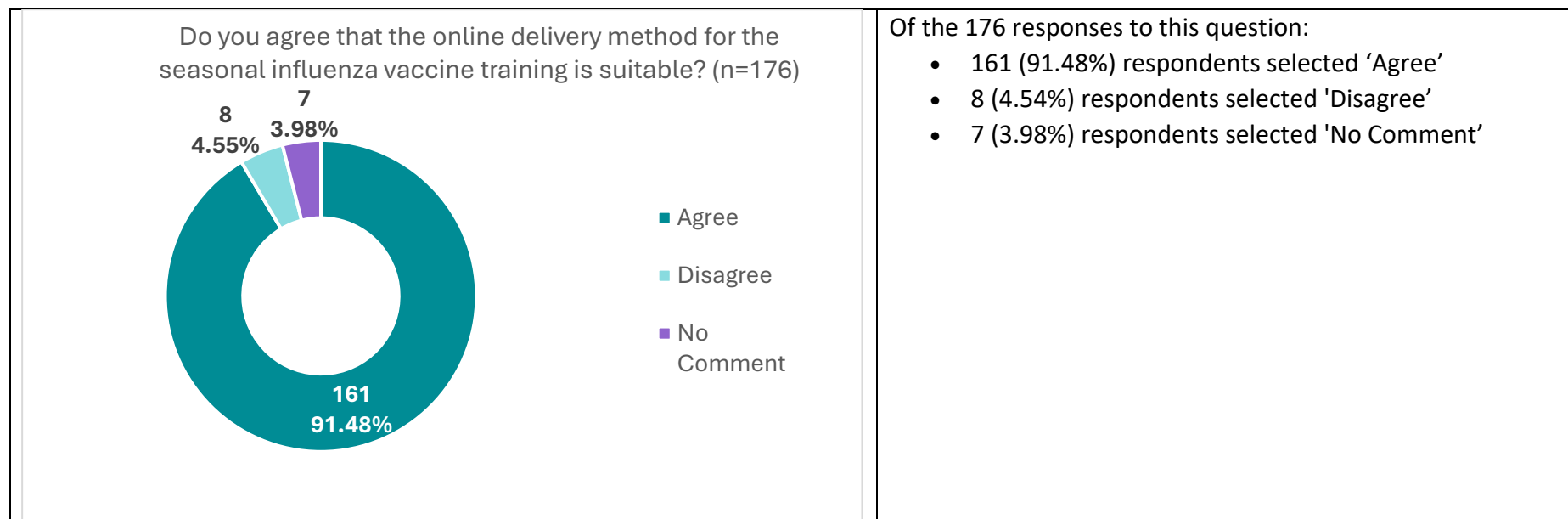
Of the 107 respondents who selected 'Disagree' to the previous question:

- 42 (39.25%) respondents selected 'Self-assessment'
- 16 (14.95%) respondents selected '2 years'
- 10 (9.34%) respondents selected '3 years'
- 25 (23.36%) respondents selected '3-5 years'
- 10 (9.34%) respondents selected '5 years'
- 4 (3.74%) respondents selected 'Other'

For those that selected 'Other' (n=4) the following comments were received:



Once
10 years
Option to train online or in person any time, mandatory after maybe 3 to 4 years, online or in person
Update as per usual professional requirements

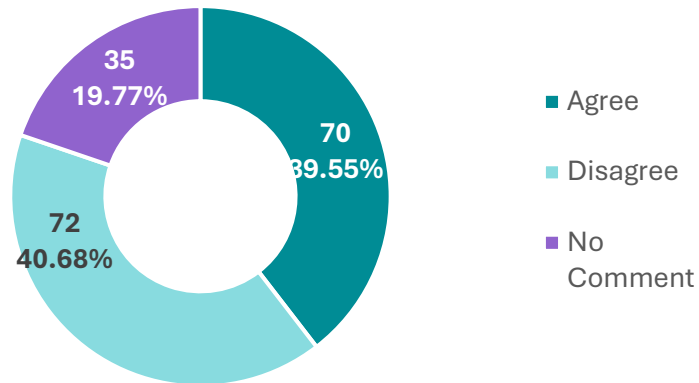


The respondents who disagreed (n=8) were prompted to specify why. **7** provided a reason for their answer. Their comments have been summarised below. Full comments are available upon request.

Theme	Number of responses
Face to face/Live training	4
Self-assessment/as required	2
Paper based	1

## Herpes Zoster (Shingles)

Do you agree with the current requirement to repeat Herpes Zoster (Shingles) training every two years? (n=177)

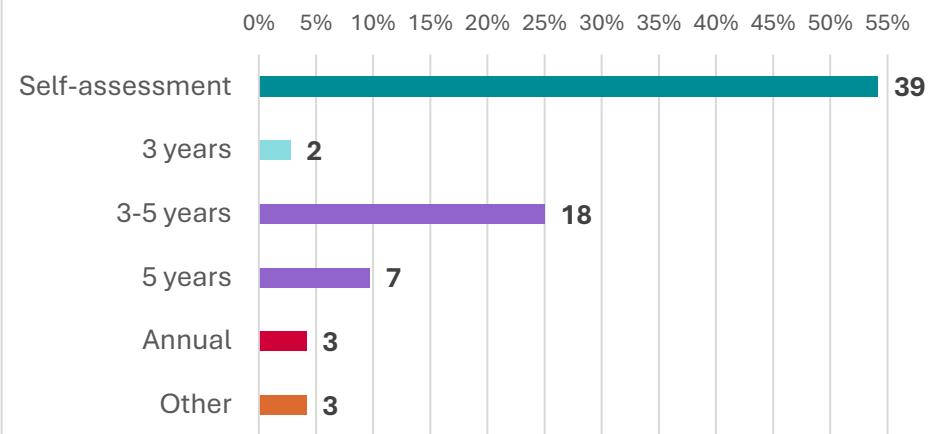


Of the 177 responses to this question:

- 70 (39.55%) respondents selected 'Agree'
- 72 (40.68%) respondents selected 'Disagree'
- 35 (19.77%) respondents selected 'No Comment'

The 72 respondents who disagreed were asked how often re-training should be undertaken.

If you disagree, how often do you believe Herpes Zoster (Shingles) re-training should be undertaken? (n=72)

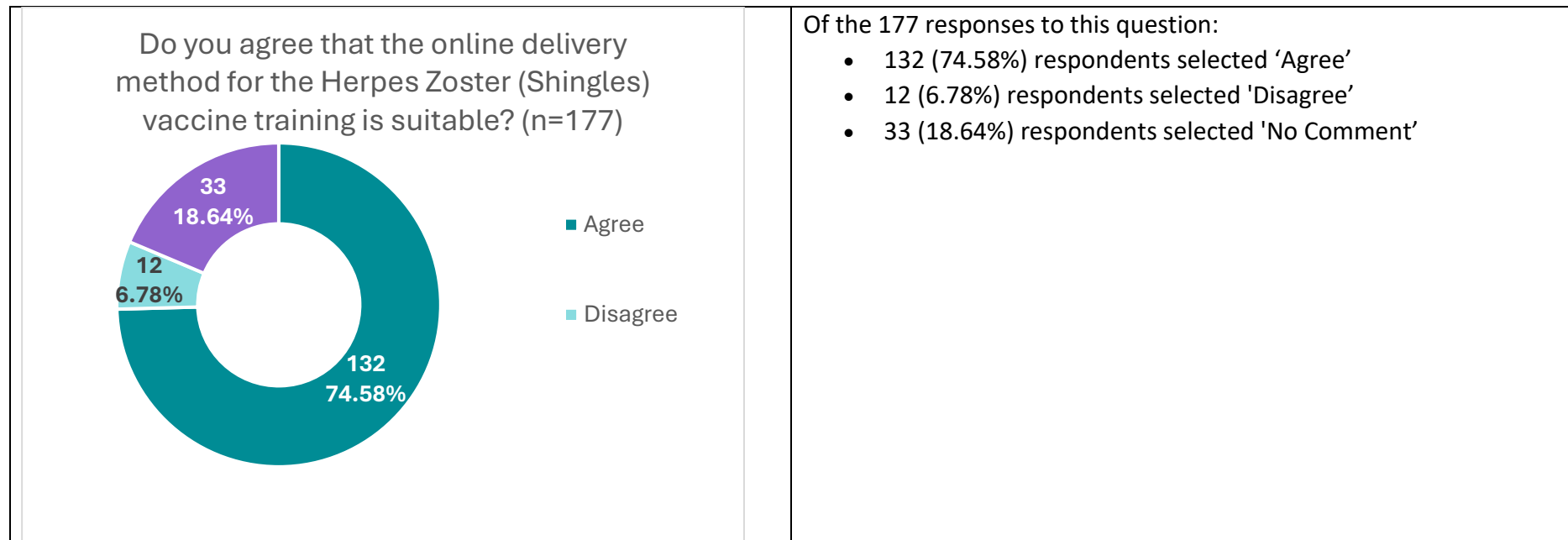


Of the 72 respondents who selected 'Disagree' to the previous question:

- 39 (54.17%) respondents selected 'Self-assessment'
- 2 (2.78%) respondents selected '3 years'
- 18 (25.00%) respondents selected '3-5 years'
- 7 (9.72%) respondents selected '5 years'
- 3 (4.17%) respondents selected 'Annual'
- 3 (4.17%) respondents selected 'Other'

For those that selected 'Other' (n=3) the following comments were received:

'Depends how many being done
10 years
As per previous question, update clinical knowledge as required and in line with all other elements of pharmacy practice it is the pharmacists' responsibility to maintain their professional competence

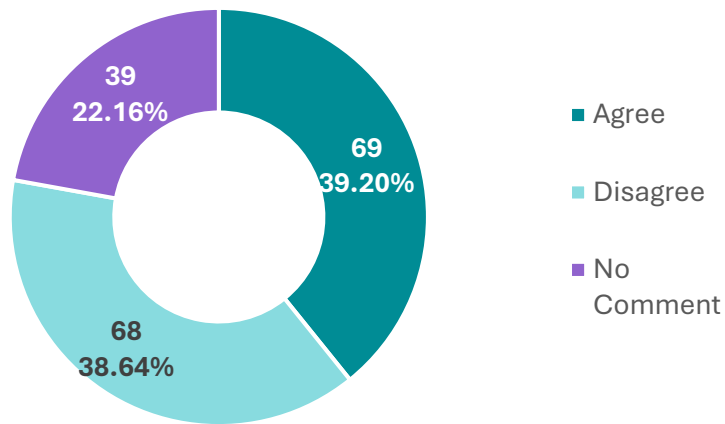


The respondents who disagreed (n=12) were prompted to specify why. 9 provided a reason for their answer. Their comments have been summarised below. Full comments are available upon request.

Theme	Number of responses
Face to face/Live training	5
Self-assessment/as required	3
Paper based	1

## Pneumococcal Polysaccharide

Do you agree with the current requirement to repeat Pneumococcal Polysaccharide training every two years? (n=176)

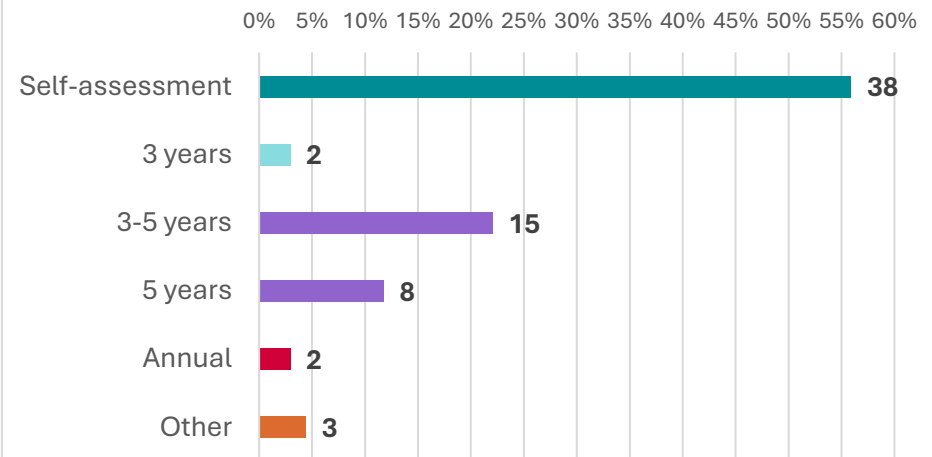


Of the 176 responses to this question:

- 69 (39.20%) respondents selected 'Agree'
- 68 (38.64%) respondents selected 'Disagree'
- 39 (22.16%) respondents selected 'No Comment'

The 68 respondents who disagreed were asked how often re-training should be undertaken.

If you disagree, how often do you believe Pneumococcal Polysaccharide re-training should be undertaken? (n=68)

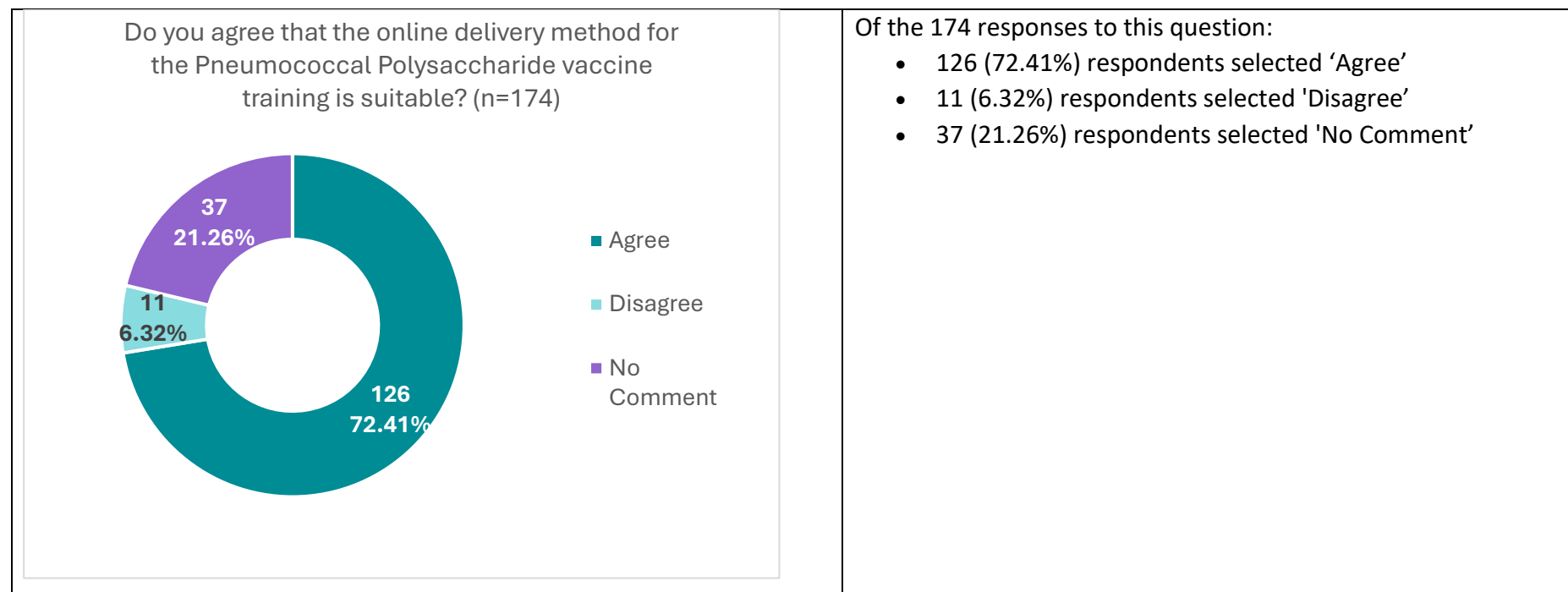


Of the 68 respondents who selected 'Disagree' to the previous question:

- 38 (55.88%) respondents selected 'Self-assessment'
- 2 (2.94%) respondents selected '3 years'
- 15 (22.05%) respondents selected '3-5 years'
- 8 (11.76%) respondents selected '5 years'
- 2 (2.94%) respondents selected 'Annual'
- 3 (4.41%) respondents selected 'Other'

For those that selected 'Other' (n=3) the following comments were received:

10 years
Depends if administering this vaccine
Whilst online training is suitable for initial training this should be covered at undergraduate level. In addition, as per last question, update clinical knowledge as required and in line with all other elements of pharmacy practice it is the pharmacists' responsibility to maintain their professional competence.'



The respondents who disagreed (n=11) were prompted to specify why. **7** provided a reason for their answer. Their comments have been summarised below. Full comments are available upon request.

Theme	Number of responses
Face to face/Live training	3
Self-assessment/as required	2
Paper based	1

## COVID-19 Vaccinations

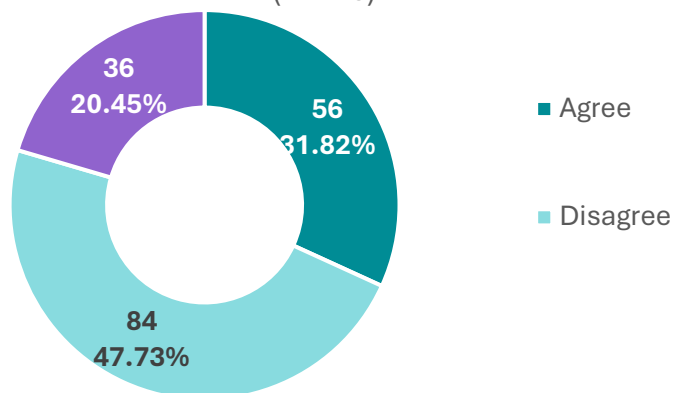
Do you have any feedback on the COVID-19 vaccination training requirements?

87 respondents provided a response to this question.

Theme	Number of responses
Training burdensome/fragmented	32
No feedback	25
Review of SPC sufficient/no need to retrain for each update	9
Training sufficient/HSELand sufficient	7
Self-assessment	4
Align with other healthcare professionals	2
Administration technique issues	2
In person/live training preferred	2
Service provision/uptake issues	2
Bring requirements in line with other vaccinations	1
Paper based preferred	1

## Salbutamol Inhaler

Do you agree with the current training requirement to repeat Salbutamol administration in emergencies every two years? (n=176)

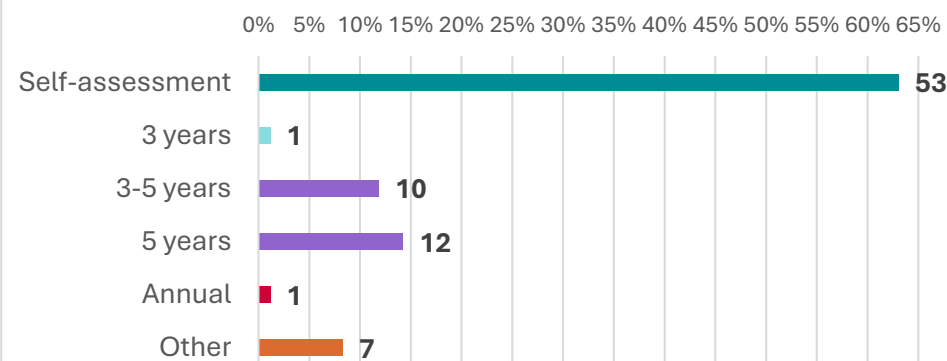


Of the 176 responses to this question:

- 56 (31.82%) respondents selected 'Agree'
- 84 (47.73%) respondents selected 'Disagree'
- 36 (20.45%) respondents selected 'No Comment'

The 84 respondents who disagreed were asked how often re-training should be undertaken.

If you disagree, how often do you believe re-training on Salbutamol administration in emergencies should be undertaken? (n=84)



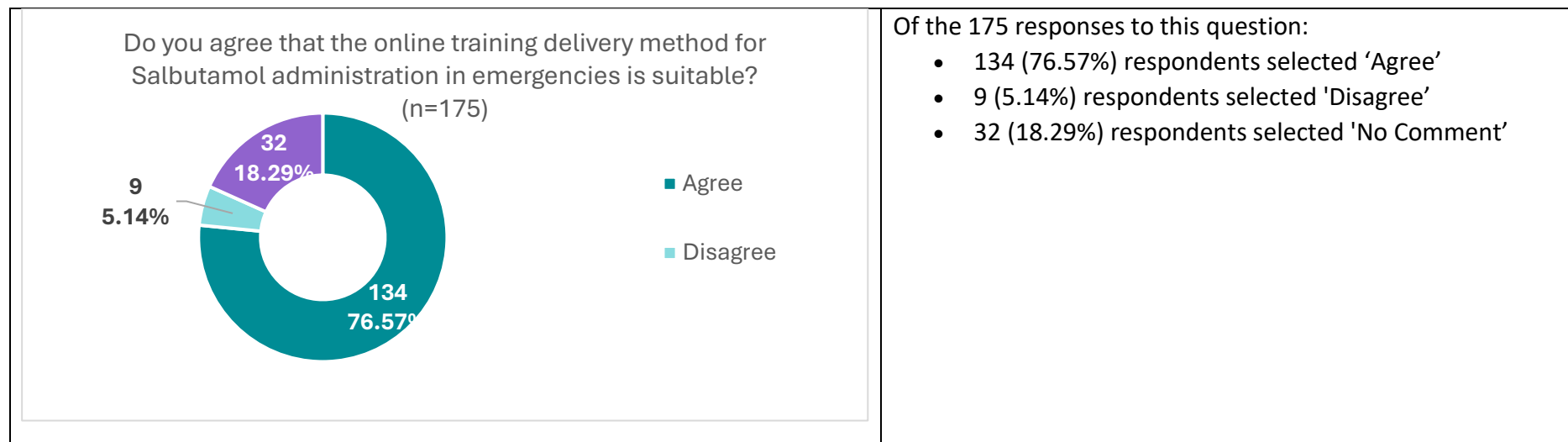
Of the 84 respondents who selected 'Disagree' to the previous question:

- 53 (63.09%) respondents selected 'Self-assessment'
- 1 (1.19%) respondent selected '3 years'
- 10 (11.90%) respondents selected '3-5 years'
- 12 (14.29%) respondents selected '5 years'
- 1 (1.19%) respondent selected 'Annual'
- 7 (8.33%) respondents selected 'Other'

For those that selected 'Other' (n=7) the following comments were received:

Never - we show people how to use inhalers every single day so it makes no sense to repeat this training when it is embedded in every day practice

We are the ones who show patients how to use their inhalers; do we need training at all for this
This is totally unnecessary we educate patients on usage so this is actually insulting
Unnecessary
Never - lay people do it daily for asthma and copd
I think dealing with emergency situations including administration of salbutamol should be refreshed every season
Maintain competence in ones own knowledge



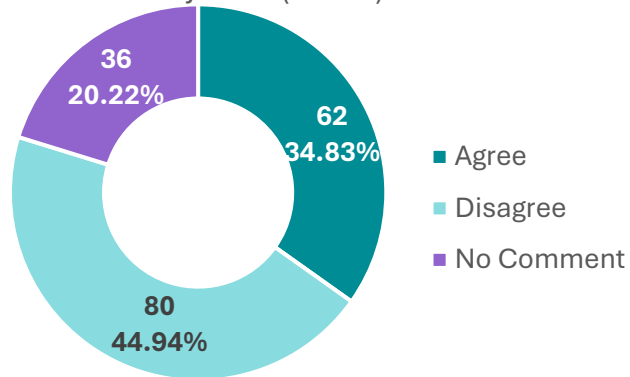
The respondents who disagreed (n=9) were prompted to specify why. 8 provided a reason for their answer. Their comments have been summarised below. Full comments are available upon request.

Theme	Number of responses
Self-assessment/already within competency	3
Live/in-person training	2
Lack of information	2
Too burdensome	1



## Glyceryl Trinitrate Spray

Do you agree with the current training requirement to repeat Glyceryl Trinitrate administration in emergencies every two years? (n=178)

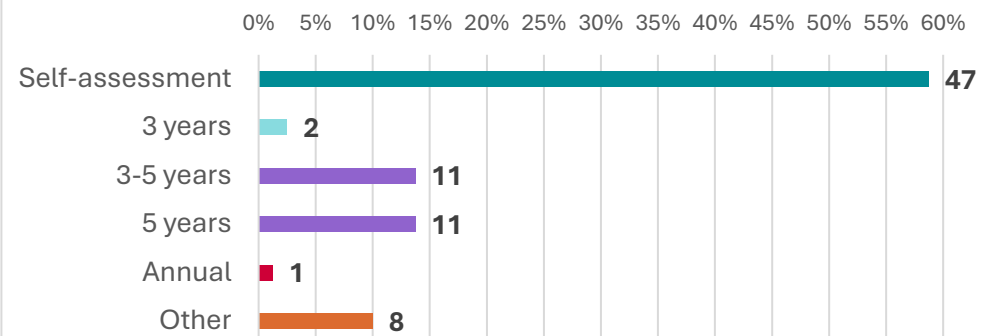


Of the 178 responses to this question:

- 62 (34.83%) respondents selected 'Agree'
- 80 (44.94%) respondents selected 'Disagree'
- 36 (20.22%) respondents selected 'No Comment'

The 80 respondents who disagreed were asked how often re-training should be undertaken.

If you disagree, how often do you believe re-training in Glyceryl Trinitrate administration in emergencies should be undertaken? (n=80)



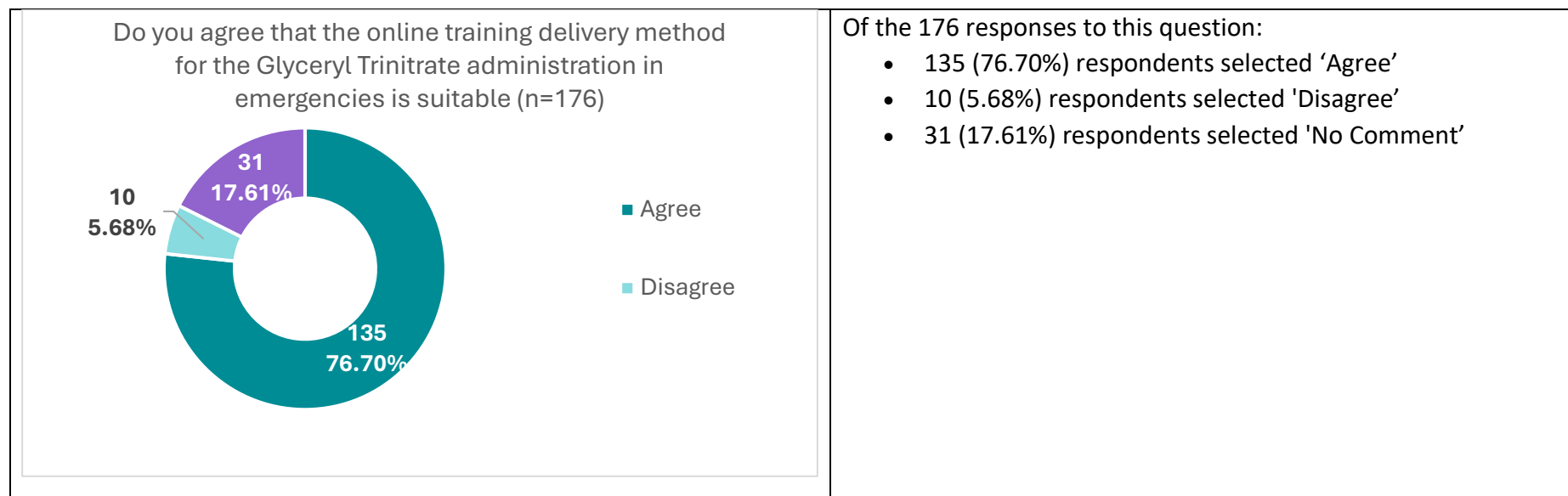
Of the 80 respondents who selected 'Disagree' to the previous question:

- 47 (58.75%) respondents selected 'Self-assessment'
- 2 (2.50%) respondents selected '3 years'
- 11 (13.75%) respondents selected '3-5 years'
- 11 (13.75%) respondents selected '5 years'
- 1 (1.25%) respondent selected 'Annual'
- 8 (10.00%) respondents selected 'Other'

For those that selected 'Other' (n=8) the following comments were received:

Once
Again showing this to patients regularly, no need to retrain in it, surely that was assessed as part of the pre reg
We are the ones who show patients how to use their GTN sprays. Do we need additional training as well
As per salbutamol reply

Self assesment unless there is a medical protocol or major product change
Never
Same as for salbutamol, to be repeated every season
Maintain competence in ones own knowledge

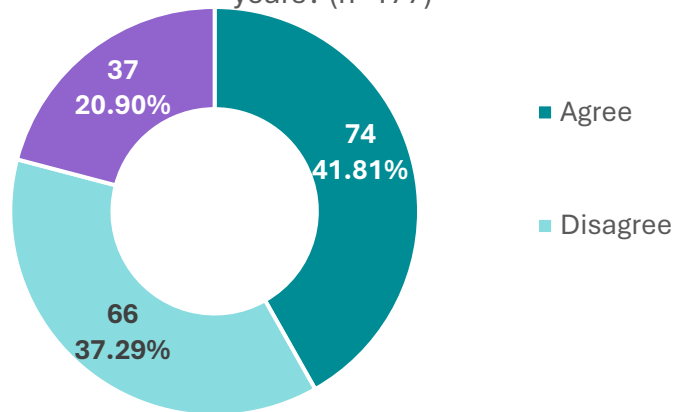


The respondents who disagreed (n=10) were prompted to specify why. 9 provided a reason for their answer. Their comments have been summarised below. Full comments are available upon request.

Theme	Number of responses
Self-assessment/within competency	4
Live/in-person	2
Training too burdensome	1
Reclassify to P-med	1
Unaware training available	1

## Glucagon for Injection

Do you agree with the current training requirement to repeat Glucagon administration in emergencies every two years? (n=177)

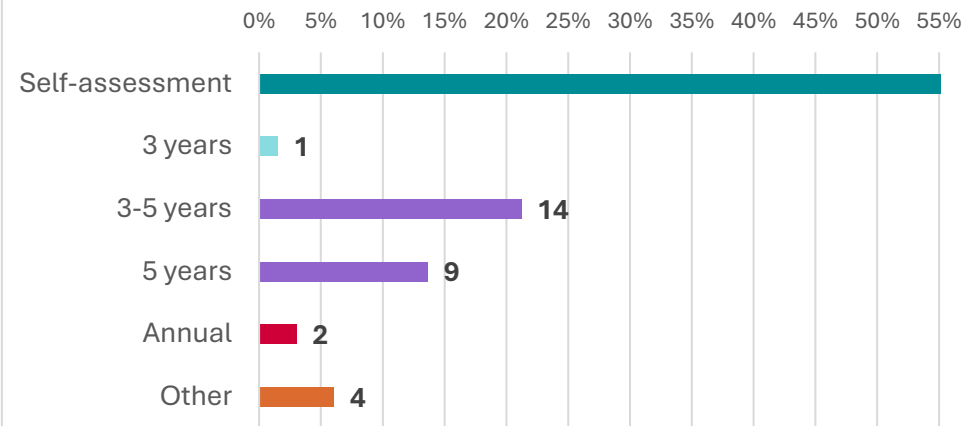


Of the 177 responses to this question:

- 74 (41.81%) respondents selected 'Agree'
- 66 (37.29%) respondents selected 'Disagree'
- 37 (20.90%) respondents selected 'No Comment'

The 66 respondents who disagreed were asked how often re-training should be undertaken.

If you disagree, how often do you believe re-training in Glucagon administration in emergencies should be undertaken? (n=66)

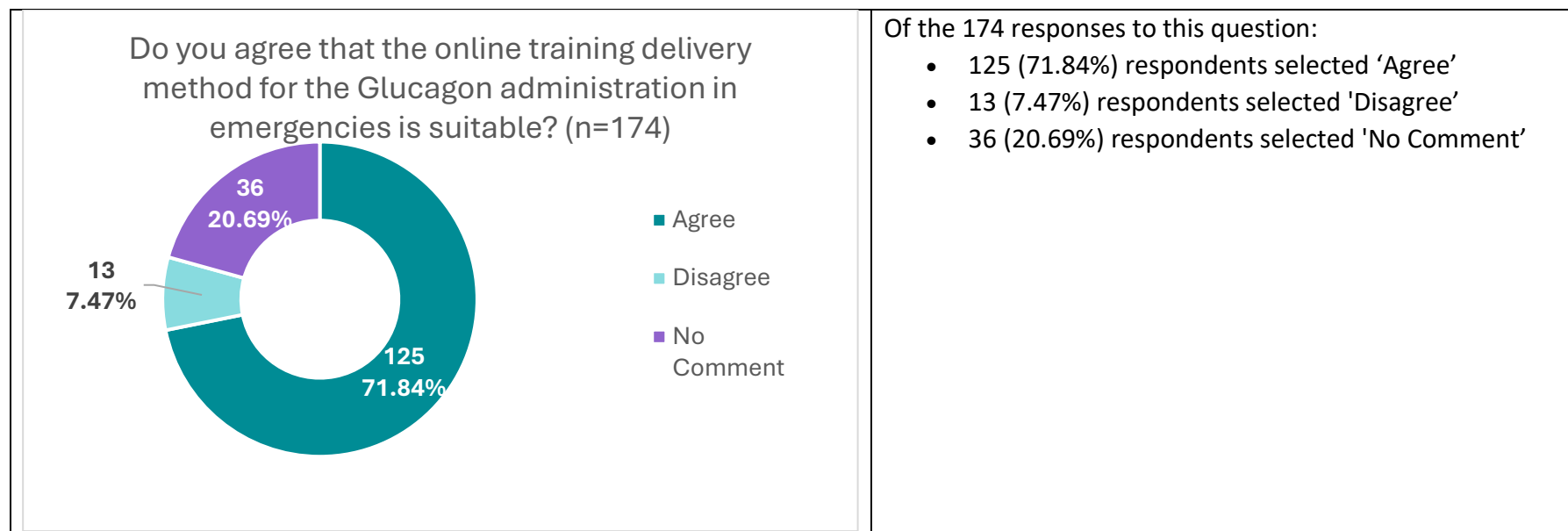


Of the 66 respondents who selected 'Disagree' to the previous question:

- 36 (54.55%) respondents selected 'Self-assessment'
- 1 (1.52%) respondent selected '3 years'
- 14 (21.21%) respondents selected '3-5 years'
- 9 (13.64%) respondents selected '5 years'
- 2 (3.03%) respondents selected 'Annual'
- 4 (6.06%) respondents selected 'Other'

For those that selected 'Other' (n=4) the following comments were received:

Depends on how often you do it. Annual may be better for most of us
Similar to previous answers not unless there is major changes in protocol or products
Same as for salbutamol, to be repeated every season
Maintain competence in ones own knowledge

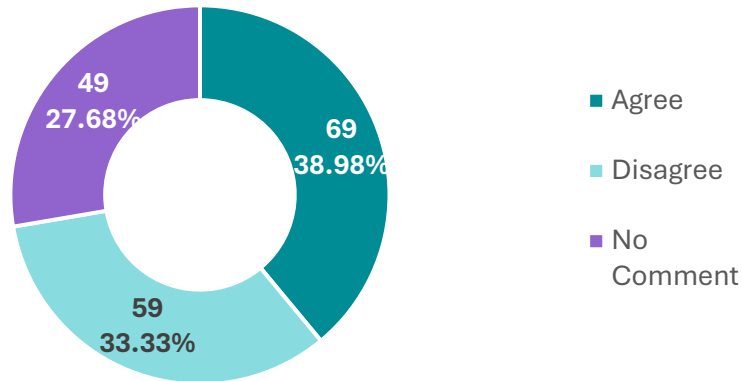


The respondents who disagreed (n=13) were prompted to specify why. **11** provided a reason for their answer. Their comments have been summarised below. Full comments are available upon request.

Theme	Number of responses
Live/in-person	7
Self-assessment	2
Training too burdensome	1
Unaware training available	1

## Naloxone

Do you agree with the current training requirement to repeat Naloxone administration in emergencies every two years? (n=177)

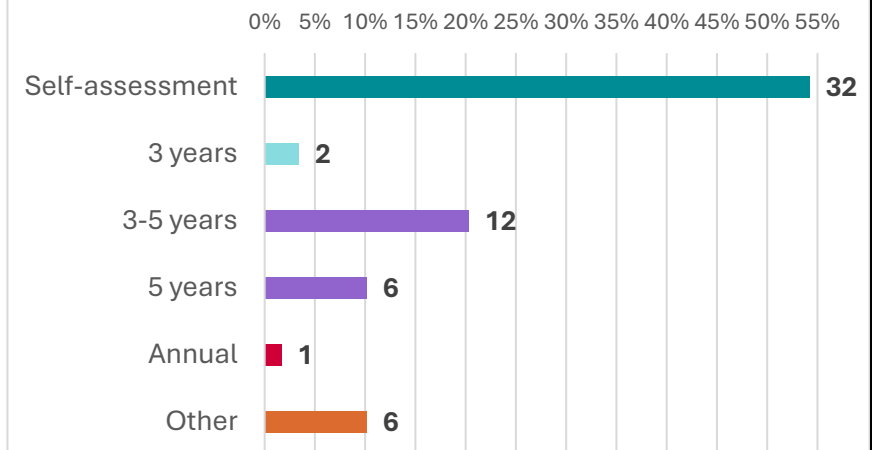


Of the 177 responses to this question:

- 69 (38.98%) respondents selected 'Agree'
- 59 (33.33%) respondents selected 'Disagree'
- 49 (27.68%) respondents selected 'No Comment'

The 59 respondents who disagreed were asked how often re-training should be undertaken.

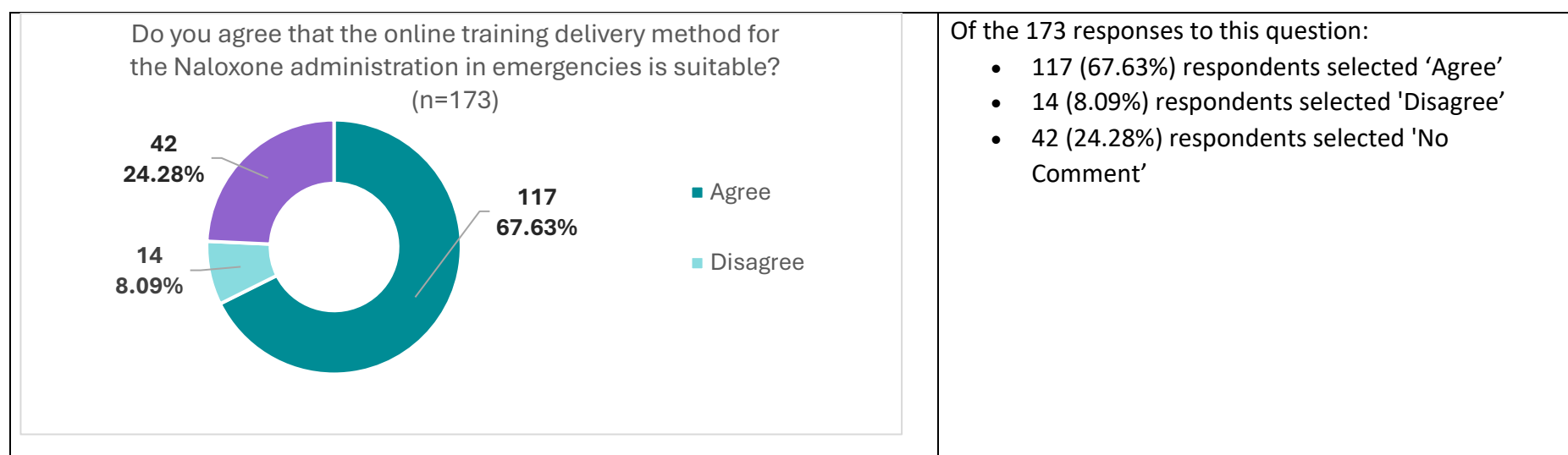
If you disagree, how often do you believe re-training in Naloxone administration in emergencies should be undertaken? (n=59)



Of the 59 respondents who selected 'Disagree' to the previous question:

- 32 (54.24%) respondents selected 'Self-assessment'
- 2 (3.39%) respondents selected '3 years'
- 12 (20.34%) respondents selected '3-5 years'
- 6 (10.17%) respondents selected '5 years'
- 1 (1.69%) respondent selected 'Annual'
- 6 (10.17%) respondents selected 'Other'

<b>For those that selected 'Other' (n=6) the following comments were received:</b>
Depends on use
I think all pharmacies supplying methadone should have to be trained in this as part of providing that service
Again if the products or administration changes - if they do make it more publicly available or make it pharmacy sale i would like to see every pharmacist trained to teach the public how to use - Narcan is widely available etc in the us and handed out in bars etc ( appreciate their opiate issues are significantly worse than ireland)'
Unless change
Same as for salbutamol, to be repeated every season
Maintain competence in ones own knowledge.



The respondents who disagreed (n=14) were prompted to specify why. **12** provided a reason for their answer. Their comments have been summarised below. Full comments are available upon request.

Theme	Number of responses
Live/in-person	9
Self-assessment	3

## General Feedback

Do you have any other feedback on the vaccination and emergency medicines training requirements for pharmacists?

Respondents were provided with this question to provide any other feedback that they had on the vaccination and emergency medicines training requirements for pharmacists. 68 respondents provided an answer to this question and the comments received have been summarised by theme below. Full comments are available upon request.

Theme	Number of responses
Preference for self-assessment of own training needs	9
Excessive training requirements/too much training	7
Preference for one agency/website where all training can be accessed	5
Incorporate training into MPharm	3
Preference for in-person training	3