The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Comparative summary between the Foundation Standard and the New Zealand Covid-19 Vaccine immunisation Service Standards (NZCVIS Standard)

Key:
- The NZCVIS Standard indicators and rationales are listed below
- A summary of the Foundation Standard comparison is written in blue.
- * Bolded blue where Foundation Standards do not specifically include NZCVIS standard requirements.

Standard 1.0 Effective leadership

1.1 Leadership and organisation: The provider has a structure for leadership, governance and accountability with clear reporting lines within the organisation.

Indicator 9 The practice has a clinical governance team with clear leadership and equity responsibilities. Processes are in place within the practice to deliver the 4 core elements of clinical governance which are:
- patient engagement and participation
- clinical effectiveness
- quality improvement/patient safety
- an effective and engaged workforce.

1.2 Equity: The provider immunisation service is committed to an equitable immunisation outcome for Māori and Pacific people, including priority access.
The provider immunisation service is committed to an equitable immunisation outcome for people with disability, including priority access.

Equity is woven throughout the Foundation Standard and appears across several indicators. Indicator 3 and indicator 4 requires all team members to have Treaty of Waitangi training and Cultural diversity training and to apply these principles within their practice. Practices identify and understand the health needs of Māori, Pasifica and other diverse populations, they collaborate with the local relevant providers/organisations and plan and provide for equitable patients care.

1.3 Policy and procedure management: The provider immunisation service has documented quality assurance and clinical safety policies and procedures that are regularly updated and shared with staff to ensure a person and whānau-centred safe, high quality service.

The Foundation Standard has a requirement for 18 policies, which practices may adapt to fit their individual circumstance. These polices demonstrate their adherence to regulations, legislations and standards. All policies are subject to document control and review 2-3 yearly or earlier as required. Critical policies are audited for compliance. Policies are often accompanied by procedures, both of which are kept in a central location accessible to all staff. Orientation of a new team member includes training in critical and role relevant policies and procedures.

1.4 Service lead immunisation plan: The provider prepares an immunisation delivery plan and monitors its performance to ensure all eligible consumers receive both doses of the vaccine within the recommended timeframes.

General practices have well established recall systems which include additional considerations for Māori and Pacifika as well as other diverse or underserved/marginalised populations. In indicator 4, practices are reguired to identifuy these groups and plan for their care. Indicator 7 requires practices to: audit for equitable screening rates, identify team members(s) responsible for managing screening and recall, document this process, and describe approaches to ensure equitable screening rates for under-screened populations (e.g. Māori and Pasifika).

1.5: Access and booking: There are systems and processes in place to ensure the immunisation service is accessible, timely, person and whānau-centred.

The immunisation lead(s) would coordinate the specific process for COVID19 scheduling and booking.
COVID19 specific processes and external coordination and communication are required, which would necessitate the practice to have a documented process to identify roles and responsibilities.
***This falls under current immunisation processes and protocols but is currently not specified in the Foundation Standards**

Follow up and optimum booking wait times would be included in the practices recall programme(Indicator 7), which a practice would update to include COVID19 specific actions and information.
***This falls under current immunisation processes and protocols and is included in COVID19 training delivered by the Immunisation Advisory Centre, but is not currently specified in the Foundation Standards**

1.6: Delivery and planning: There are policies, processes and schedules in place to ensure that resources and capacity are used effectively.

General practices have extensive experience running the national immunisation programme and additional programmes according to public need, such as MMR for the measles epidemic.

Practices have systems and processes in place for service planning and delivery. These processes include capturing and reviewing metrics and considering barriers to services. The Māori Health plan, indicator 3 as well actions and ititatives deriving from the clinical governance team, indicator 9 and equity inititiatives in indicator 4 cover these componenets.

1.7: Provider workforce capability: The provider has an appropriately trained and resourced workforce.

All practice team members are required to complete Privacy Act 2020 and Health Information Privacy Code 2020 training in indicator 2. Indicator 6 requires all clinical team members, and some non-clinical team members, to hold current CPR certificates relevant to their role. Non-clinical team members are trained in responding to patients with urgent health needs and clinical emergency drills are held annually for all team members.
All team members have undergone Treaty of Waitangi and cultural diversity training.
There is a summarised list of training requirements for the foundation Standard here.

1.8: Vaccinator staff: The vaccine is prepared and administered by appropriately trained and certified staff

Indicator 13 requires that all vaccinating clinicians hold current authorisations from Medical Officer of Health. Evidence of current cold chain accreditation, issued by the Immunisation Advisory Centre must be verified for Foundation Standard certification. An addendum to the National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 (2nd Edition) – Addendum June 2021 provides national cold chain standards for management of the Pfizer-BionTech COVID-19 vaccine. The Standards apply to all immunisation providers once they have received the vaccine from the national store and must be read in conjunction with the National Standards. Practices must therefore comply.

***Vaccinators would be required to undertake COVID-19 vaccine courses and COVID19 Immunisation Register training through the Immunisation Advisory Centre, and any other specific training related to the COVID19 vaccine.**

Standard 2.0 Facilities

2.1: Vaccination sites and centres: The service provides a person and whānau-centred vaccination site that is a safe, comfortable, accessible, clean, clinically and culturally appropriate environment.

Foundation certified practices must provide a is safe, accessible, and ensures privacy for patients. Indicator 15 requires compliance with legislation and meeting Building Code requirements and Fire and Emergency NZ (Fire Safety Evacuation Procedures and Evacuation Schemes) Regulations 2018.
Medicines are safely stored, in adherence with The Medicines Act 1981, the practice ensures all medicines are secured and out of reach by unauthorised people

Practices should comply with Building Code access requirements and have, as far as is practical, provided mobility parks and accessible toilets.
Consumer engagement is achieved, Indicator 8, with practices undertaking population experience surveys to demonstrate consumer engagement from all groups in their patient population, including Māori and other under-represented groups, The clinical governance team, Indicator 9, actively consider how feedback can inform improvements.

All equipment is available for resuscitation as per the required Medical equipment and emergency medicines register.

Waste disposal is compliant with infection control standards, Indicator 14. In all areas where sharps are used, the practice has puncture-resistant sharps containers that are out of reach of children and display a biohazard symbol in accordance with NZS 4304:2002.

The practice ensures it has and follows active health care waste management procedures aligned to local bylaws and NZS 4304:2002.

The practice ensures the practice has and follows active infection control procedures aligned to NZS 4815:2006 and/or NZS 8134.3:2008.
Indicator 15 , The practice complies with the Health and Safety at Work Act 2015 and has a documented health and safety policy and hazard and risk register which all staff are familiar with.

Standard 3.0 Equipment

3.1: Essential hardware Standard: The equipment should be sufficient in quantity and quality to meet vaccination service requirements.

As required in indicator 12, the practice ensures all medical equipment is serviced, calibrated and verified annually. Practices have all required equipment and medicines available as per the Medical equipment and emergency medicines register.

3.2: Maintenance of equipment: All equipment is suitable, functional, accessible, up-to-date and appropriately maintained for safe optimal performance.

The practice ensures all medical equipment is serviced, calibrated and verified annually, including residual current devices (RCDs) if used, indicator 12.

Areas with restricted access to the public are assessed on the site visit and include any area with medicines, contaminated material/equipment /hazardous substances and waste.

Documented checking of all stock levels and expiry dates occur at a practice- agreed frequency.

Control of environmental conditions is assured by active infection control procedures aligned to NZS 4815:2006 and NZS 8134.3:2008, Indicator 14, practices must have documented policies and procedures aligned with infection control. Sterilisers /autoclaves are monitored for effectiveness at each sterilisation cycle and the steriliser has current calibration and validation.

In all areas where sharps are used, the practice has puncture-resistant sharps containers that are out of reach of children and display a biohazard symbol in accordance with NZS 4304:2002.

Standard 4.0 Vaccine

4.1: Storage of vaccine: All vaccines are safely and appropriately stored, with the correct level of security and access.

Cold chain accreditation is issued by the Immunisation Advisory Centre. Accredited practices must comply with cold chain standards. An addendum to the National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 (2nd Edition) – Addendum June 2021 provides national cold chain standards for management of the Pfizer-BionTech COVID-19 vaccine. The Standards apply to all immunisation providers once they have received the vaccine from the national store and must be read in conjunction with the National Standards.

4.2 Administration of the vaccine: The vaccine is appropriately and safely administered by trained staff.
Vaccinators participating in the COVID19 Immunisation Programme (CVIP) would be required to undertake approved COVID-19 vaccine courses and COVID19 Immunisation Register (CIR)training.
***This is not specified in the Foundation Standards**

4.3 Vaccine wastage prevention, reporting and monitoring - The vaccine is appropriately managed to ensure waste is kept to a minimum

Specific procedures/processes/protocols on minimising COVID19 vaccine waste would need to be included into within the practices waste management policy.
***Although this would likely be contained in the practice's immunisation processes and protocols, it is currently not specified in the Foundation Standards**

Standard 5.0 Quality and Safety

5.1: Quality Assurance programme - The provider works collaboratively to implement an active quality assurance programme with an ethos of continuous quality improvement (CQI).

The practices clinical governance team, indicator 9, is responsible for maintaining a standard of clinical safety and quality. The clinical governance team meet at scheduled intervals, updates the quality plan, reviews metrics and audit data, patient feedback, complaints, incidents, significant events, accidents and breaches to protocol to inform and improve service delivery and patient experience. The practices quality plan lists all current initiatives with goals and timelines and is a practice -wide document.

5.2: Consumer quality improvement processes: The provider service has processes in place to identify, respond to and learn from adverse events.

Indicator 15 ensures the practice complies with the National Adverse Events Reporting Policy by recording, reviewing, analysing and mitigating all adverse events, incidents and near misses. Practices are required to have an Incident/adverse event risk management policy and process and maintain an up-to-date register of adverse events and near misses.

5.3: Respect and dignity: The provider implements and monitors systems to ensure that the privacy, dignity and security of all consumers are respected throughout their immunisation journey.

Indicator 1 - All team members are to complete the Code of Health and Disability Services Consumers' Rights 1996 training. By enacting the Code of Rights, patients are treated with respect, dignity. Practices are required to provide:

- a poster of the Code of Health and Disability Services Consumers' Rights 1996 translated into appropriate languages, including te reo Māori, that reflect the practice's enrolled patient population.

- Poster and/or brochures informing patients of their right to have one or more support persons present during a consultation.
- Local health advocacy resources.

The practice has and applies a child protection policy and safety checking procedure in accordance with the Children's Act 2014, indicator 17. This includes a documented child protection policy and safety checking procedure with documented safety checks, including Police vetting, for employees and contractors.

General practices are required to have consultation rooms where clinical conversations can be held in private.

The practice's privacy policy includes person-identifiable material not being openly displayed in areas accessible to other consumers, relatives or carers without their consent. This aligns with the Privacy Act 2020 and Health Information Privacy Code 2020, of which all team members have received training.

There is a designated privacy officer who is responsible for understanding the Privacy Commission's guidance, the privacy officer completes Privacy 101 and Health 101 offered by the Office of the Privacy Commissioner.

***Practices will have an established protocol/process for separation of all consumers between pre- and post-vaccination stages, although documentation of this is not a specific evidence requirement of the Foundation Standard but included within other standard policies/processes.**

5.4: Informed Consent process (including consumer information): The provider implements and monitors systems to ensure that informed consumer consent is obtained for each procedure.

All practice team members are trained in the Code of Rights. Indicator 1 requires the practice ensures a patients' right to make an informed choice and give informed consent. [Right 7]

The practice must provide:
- Written consent forms and/or a written record of verbal agreements, including risks.
- Explanation of how the practice helps patients with literacy difficulties to make informed decisions.
- Pamphlets, posters or information available describing the practice's services and fees.

5.5: Vaccination event record: The provider implements and monitors systems to ensure the clinical and technical quality of their vaccination service.

Indicator 10, The practice ensures all medicines prescribed, administered or supplied are recorded in the Practice Management System (PMS), clinicians audit their performance using the College's clinical record review template

Indicator 16, emergency continuity requires practices to prioritise, support and recover critical and non-critical functions following an emergency or service disruption. In case of disruption to the CIR system, the documented business continuity plan would include a protocol for a 'power down' kit containing paper forms, prescription pads, pens, marker pens and other resources to support the manual processing of patients should the practice experience a prolonged power outage (power down) or loss of access to their PMS. Practices are also required to have a documented health information security policy and/or procedure which covers cyber security and PMS back-up systems.

5.7: Post vaccination care and aftercare: The provider implements and monitors systems to ensure that consumers are informed about post vaccination care and understand what to do if there is a complication.

In adherence to the Code of Rights [7] the practice has an obligation to distribute any relevant COVID19 information and resources to patients/whanau/carers.
Any additional COVID19 resources and materials would be supplied to, and distributed by the practice.

5.8: Consumer involvement: The provider implements and reviews their systems to ensure consumers can feedback on their experience of the immunisation service and the feedback is acted upon.

The Code of Rights, the patien6's right to complain, [Right 10] is covered in Indicator 1.
The practice must have:

- A complaints policy and procedure.
- A designated Complaints Officer role and position description.
- Complaints register.
- A description of the process through which complaints procedure outcomes are shared within the practice.

Indicator 8, practices are encouraged to capture feedback from all groups in order to get a full representation of the patient population, at least annually. Endorsed assessors are trained to consider whether the survey mechanisms capture a true representation of all groups within their enrolled population, particularly those marginalised and underserved.

Patient feedback is shared with the clinical governance team and the wider practice team and where relevant, informs improvements and initiatives.

Conclusion

The Foundation Standard provides a robust framework, grounded in compliance which enables general practices to deliver a variety of procedures and services safely, competently and collaboratively.

Specific patient procedures, vaccinations or services are not defined within the Foundation Standard, instead, general Practices are equipped with the tools and skills to develop relevant policies/protocols and procedures as required. Consequently, elements such as infection control, health and safety, equity, cultural safety, patient engagement, auditing, clinical governance, privacy and security and the Code of Rights are omnipresent in all activities across general practice.

To assist practices wishing to partake in the CVIP, document templates would be helpful, including:

- NZCVIS Standard Quality plan template
- CVIP Patient survey template
- Relevant audit templates