PHARMACY-BASED VACCINATION ASSESSMENT TOOL

A scoring and evaluation template for measuring national progress in delivering vaccination services in community pharmacy settings

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COLOPHON

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DISCLAIMER

The assessment tool is designed to support pharmacists in their interactions with patients, the public, and other healthcare professionals. It does not account for specific national regulations. The roles and responsibilities of pharmacists vary across jurisdictions. Users must ensure compliance with relevant national laws and professional codes, including national drug regulations, data privacy, and professional and ethical conduct.

Introduction

Community pharmacies are among the most accessible points of contact in health systems worldwide. As pharmacists increasingly take on expanded clinical roles, there is a growing recognition that pharmacy-based vaccination services can improve vaccination uptake and coverage, particularly in underserved and hard-to-reach populations. Yet, the enabling conditions for these services vary considerably across countries and regions.

This tool was developed to provide a structured, evidence-informed approach to assessing and strengthening pharmacy vaccination services globally. The development of this tool was informed by, and in part adapted from, FIP's published work on pharmacy-based vaccination, reflecting FIP's ongoing commitment to advancing the role of pharmacists in vaccination (1-7).

Purpose

This tool is designed to:

Support countries to benchmark their current readiness to deliver or expand pharmacy vaccination services

Identify priority gaps across policy, workforce, training, financing, records, and quality assurance

Support advocacy by strategic planning by providing a shared language and evidence base for dialogue with governments and policymakers

Track progress over time as systems evolve and reforms are implemented.

How to use this tool

The assessment tool is organised into six domains. For each domain, reviewers are asked to score a set of indicators using the five-point scale below. Scoring should be based on documented evidence, including existing legislation, published guidelines, audit findings, or programme evaluations. The tool can be completed by a single expert reviewer or through a consensus process involving multiple stakeholders.

Scoring scale

Each indicator is scored on a five-point scale reflecting the level of implementation:

1 Not in place

2 Emerging / ad hoc

3 Partially implemented

4 Fully implemented

5 Optimised

A score of 'Not in place' indicates the element is absent or unrecognised. 'Optimised' reflects a mature, continuously improving system embedded in routine practice.

DOMAIN 1
POLICY LANDSCAPE

The policy landscape domain examines the regulatory and strategic environment within which pharmacy-based vaccination services operate. It assesses whether comprehensive regulations govern key operational dimensions of service delivery, and whether pharmacists are formally authorised to administer vaccines both within pharmacy premises and in off-site or outreach settings. The domain further evaluates the extent to which pharmacy-based vaccination has been formally integrated into national immunisation strategies, public health frameworks, or pandemic preparedness plans.

Indicator	Description	Score
Clear and comprehensive regulations govern pharmacy-based vaccination services	Regulations, standards, or professional frameworks clearly define operational requirements for pharmacy-based vaccination, including service delivery requirements, patient eligibility, documentation, storage and handling, safety procedures, and emergency response protocols.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Pharmacists are authorised to administer vaccines within pharmacy premises	Regulatory frameworks permit qualified pharmacists to administer vaccines within community pharmacy settings as part of routine pharmacy practice.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Pharmacists are authorised to administer vaccines in off-site or outreach settings	Regulatory frameworks permit qualified pharmacists to provide vaccination services outside pharmacy premises, including in homes, schools, workplaces, aged-care facilities, rural or remote communities, and other outreach settings.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Pharmacy-based vaccination services are integrated into national immunisation strategies and healthcare policies	Pharmacy-based vaccination services are formally recognised and incorporated within national immunisation programmes, public health strategies, primary healthcare frameworks, or pandemic preparedness plans.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
A broad range of vaccines may be administered through pharmacy vaccination services	Pharmacy-based vaccination services include a range of vaccine types, from limited vaccine categories (e.g., influenza or COVID-19 vaccines only) to comprehensive life-course immunisation programmes.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised

DOMAIN 2
WORKFORCE CAPACITY

The workforce capacity domain assesses the legal and professional standing of pharmacists and pharmacy personnel to participate in vaccination services within a defined scope of practice. It examines whether qualified pharmacists are authorised to administer vaccines and, where applicable, to prescribe them without a prescription, and whether pharmacy technicians and support staff are authorised to contribute to vaccination-related activities.

Indicator	Description	Score
Pharmacists are authorised to administer vaccines	National or subnational legislation, regulations, or professional standards authorise qualified pharmacists to administer vaccines within a clearly defined scope of practice.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Pharmacists are authorised to prescribe vaccines without a prescription	National or subnational legislation, regulations, or professional standards authorise qualified pharmacists to prescribe, supply, or administer vaccines without a prescription within a clearly defined scope of practice.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Pharmacy technicians or support personnel are authorised to participate in vaccination services	National or subnational legislation, regulations, or professional standards authorise qualified pharmacy technicians or other pharmacy support personnel to participate in vaccination-related activities within a clearly defined scope of practice.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Pharmacists and pharmacy personnel are required to obtain and maintain authorisantion to provide vaccination services	Regulatory or professional frameworks require pharmacists and relevant pharmacy personnel to obtain and maintain authorisation to provide vaccination services.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Interprofessional collaboration supports pharmacist involvement in vaccination services	Policies, professional frameworks, referral pathways, communication mechanisms, or collaborative practice arrangements support coordination between pharmacists and other healthcare providers involved in vaccination services.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised

DOMAIN 3
TRAINING REQUIREMENTS

This domain evaluates the extent to which pharmacists are prepared to deliver vaccination services safely and effectively across the full range of knowledge and skills required for practice. It considers whether training programmes encompass the core subject areas of immunology, vaccines, vaccine-preventable diseases, practical administration, supply chain and cold chain management, and public health communication. It also examines the approaches through which these competencies are developed and formally assessed.

Domain	Core competency	Training approach	Assessment method	Competency level
Immunology	Explain immune mechanisms in infection, allergy, and vaccination; differentiate types of immunity and apply immunological concepts in clinical reasoning.	Lectures, e-learning, case-based discussions	Multiple choice exams, short-answer questions, case-based assessment	☐ No competence ☐ Basic knowledge ☐ Intermediate knowledge ☐ Advanced knowledge
Vaccines and medicines	Evaluate vaccine and anaphylaxis treatment options, including pharmacology, indications, dosing, contraindications, and interactions, to support safe clinical use.	Pharmacology modules, guideline review, clinical cases	Written examination, case-based assessment, objective structured clinical examination	☐ No competence ☐ Basic knowledge ☐ Intermediate knowledge ☐ Advanced knowledge
Vaccine-preventable diseases and development	Describe epidemiology, transmission, and clinical impact of vaccine-preventable diseases; explain vaccine development and regulation processes.	Lectures, seminars, literature review	Written assessment, presentations	☐ No competence ☐ Basic knowledge ☐ Intermediate knowledge ☐ Advanced knowledge
Vaccine use and administration	Perform vaccine preparation and administration, including patient assessment, consent, infection control, and post-vaccination monitoring.	Practical workshops, simulation training, supervised clinical practice	Objective structured clinical examination, Direct observation of procedural skills	☐ No competence ☐ Basic knowledge ☐ Intermediate knowledge ☐ Advanced knowledge
Supply chain, storage and transport	Apply principles of cold chain management, storage, transport, and regulatory compliance to ensure vaccine quality and safety	SOP-based training, workplace learning	Practical assessment, audit, competency checklist	☐ No competence ☐ Basic knowledge ☐ Intermediate knowledge ☐ Advanced knowledge
Public health, communication and policy	Apply immunisation schedules, address vaccine hesitancy, communicate risks/benefits, and engage in pharmacovigilance and public health strategies	Role-play, seminars, public health case studies	Objective structured clinical examination, reflective assessment	☐ No competence ☐ Basic knowledge ☐ Intermediate knowledge ☐ Advanced knowledge

DOMAIN 4
FINANCING AND REIMBURSEMENT

The financing and reimbursement domain evaluates the degree to which financial mechanisms adequately recognise and support the professional and logistical demands of pharmacy-based vaccination. It considers whether reimbursement rates are clear, standardised, and reflect the full cost of providing the service. The domain also examines whether rates are reviewed regularly, whether pharmacists are paid at a level comparable to other authorised vaccinators, and whether additional payments are available for services provided in more complex or underserved settings.

Indicator	Description	Score
Transparent and standardised reimbursement rates	National or regional reimbursement rates for pharmacist-administered vaccines are publicly available, clearly defined, and consistently applied across participating pharmacies. Rates are aligned with the full cost of service delivery, including time, consumables, cold-chain maintenance, and adverse event management.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Administration fee reimbursed separately from vaccine product cost	The reimbursement framework distinguishes between the cost of the vaccine product and the professional administration fee, ensuring pharmacists are compensated for their clinical service in addition to the cost of the vaccine.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Reimbursement rates regularly reviewed and updated	A formal mechanism exists to periodically review and update reimbursement rates to reflect changes in operational costs, inflation, workforce requirements, and the evolving scope of PBV services. Reviews are conducted at least every two years.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Equitable reimbursement relative to other healthcare providers	Pharmacists receive reimbursement at a rate that reflects the complexity and value of their vaccination service and is broadly comparable to, or formally benchmarked against, rates paid to other authorised vaccinators such as general practitioners and nurses.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Differentiated rates for service complexity or population type	The reimbursement framework includes differentiated rates or supplementary payments to account for increased complexity or cost, such as vaccinations delivered off-site (e.g., aged care facilities, homebound patients), services targeting high-risk or hard-to-reach populations, or vaccinations requiring extended consultation time.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Geographic or rurality-based reimbursement adjustments	Higher reimbursement rates or supplementary funding are available for pharmacies operating in rural, remote, or underserved areas, reflecting increased logistical costs and the critical public health role these pharmacies play in ensuring equitable access to vaccination.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised

DOMAIN 5
VACCINATION RECORDS

This domain evaluates the systems and practices through which pharmacy-based vaccination services generate, maintain, and share vaccination records. It assesses whether mandatory record-keeping requirements exist and are implemented in a timely and accurate manner, whether electronic vaccination records are available and interoperable with national immunisation information systems and other healthcare providers, and whether they are integrated with adverse event surveillance infrastructure to enable monitoring and reporting of events following immunisation.

Indicator	Description	Assessment method	Score
Existence of mandatory vaccination record keeping	Assesses whether pharmacies are legally or professionally required to maintain vaccination records.	National policy review checklist; regulatory audit	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Timeliness and accuracy of record entry	Measures whether vaccination data are entered accurately and promptly after administration.	Documentation quality audit; timestamp review	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Availability of interoperable electronic vaccination records	Evaluates whether pharmacy vaccination records are electronic, shared with physicians, and integrated with national systems.	Digital systems assessment; interoperability checklist	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Completeness of vaccination records	Measures whether records routinely include patient identifiers, vaccine details, batch numbers, administration details, and consent.	Vaccination record audit tool	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Use of records for reminder-recall and catch-up vaccination	Assesses whether records are actively used to identify overdue or missing vaccinations.	Reminder-recall system assessment; workflow audit	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Integration with adverse event surveillance systems	Assesses whether vaccination records support the adverse events following immunisation (AEFI) reporting and monitoring.	Pharmacovigilance reporting audit	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised

DOMAIN 6
QUALITY MONITORING SYSTEM

This domain assesses whether the operational, safety, and oversight mechanisms governing vaccination services are adequately in place. It examines compliance with premises and cold-chain standards, preparedness for adverse events including anaphylaxis, and the routine monitoring and reporting of events following immunisation. The domain further considers whether vaccination coverage and pharmacy outputs are systematically measured, whether patient satisfaction and access are assessed, and whether services are aligned with national immunisation goals and long-term public health planning.

Indicator	Description	Score
Availability of standard operating procedures (SOPs) to comply with premises requirements	Evaluates whether vaccination areas meet privacy, hygiene and safety standards.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Cold-chain management compliance	Measures whether pharmacies maintain vaccine storage according to standards.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Availability of emergency response procedures	Assesses preparedness for adverse events such as anaphylaxis.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Reporting and monitoring of adverse events following immunisation (AEFI)	Assesses whether adverse events are routinely monitored and reported.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Monitoring of vaccination coverage and pharmacy contribution	Measures whether countries monitor vaccination uptake and pharmacy service outputs.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised
Monitoring of patient satisfaction and service accessibility	Assesses user experience, convenience, equity, and accessibility of pharmacy vaccination services.	☐ Not in place ☐ Emerging/ad hoc ☐ Partially implemented ☐ Fully implemented ☐ Optimised

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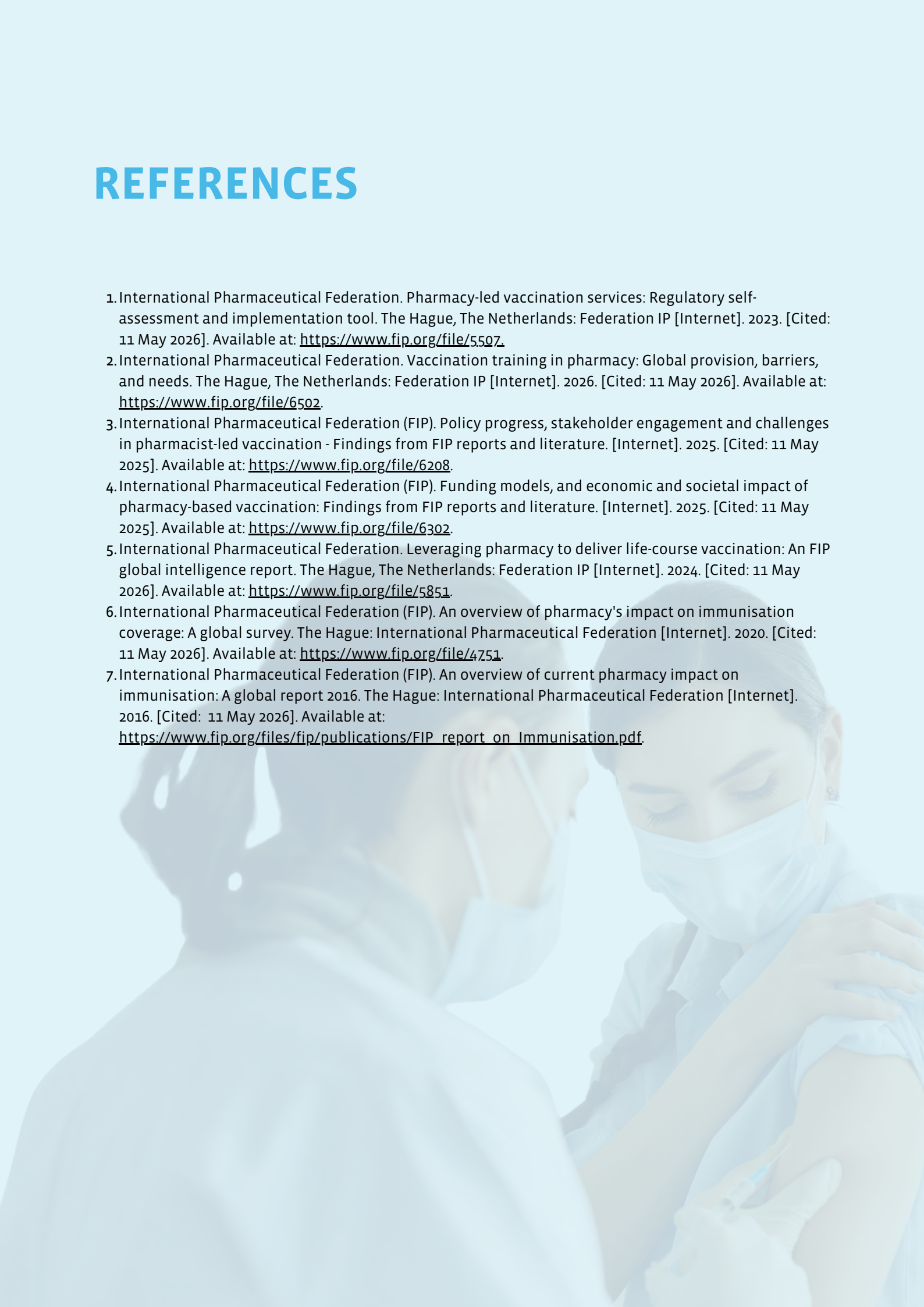

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