



Request for proposal to undertake Independent Medical Education (IME) program for Australian healthcare professionals

This briefing document for providers of Independent Medical Education (IME) services outlines a proposal for an IME program. IME providers are invited to submit details of an IME program designed to meet this proposal using the GSK IME Application Form accessed via the GSK Australia website [<http://au.gsk.com/en-au/responsibility/independent-medical-education>].

Introduction

GSK is seeking proposals to undertake an IME program addressing the specific, identified medical need outlined below. GSK is seeking proposals from organisations which have the capability to fully develop and conduct the educational activity without any input from GSK beyond the information contained in this briefing document. GSK's requirements of the independent medical education provider include:

- Engagement of a representative, independent expert faculty, the basis of selection to be outlined by the education provider
- Working with the faculty on the development of the agenda and the program content
- Building awareness and promotion of the educational activity
- Management of the logistics and delivery of the educational activity
- Evaluation of the effectiveness of the education activity through a pre- and post-education knowledge assessment

Applications are to be made on the IME Application Form. Applicants should also read the 'Independent Medical Education guidance document'. These documents can be accessed via the GSK Australia website [<http://au.gsk.com/en-au/responsibility/independent-medical-education>].

Title of education initiative
Vaccinating for healthy ageing in adults ≥ 65 years

Closing date for application
31 July 2018

Outline of the identified medical education need
<p>Background</p> <p>Immunosenescence (age associated decline in immune function) is considered a major contributory factor to the increased frequency of morbidity and mortality of infectious diseases among older adults.</p> <p>This increased vulnerability makes older adults an important target population for vaccination, particularly against infectious pathogens which cause high morbidity and mortality in this age group.</p> <p>In Australia, seasonal influenza vaccine, pneumococcal polysaccharide vaccine, herpes zoster (shingles) vaccine and pertussis booster vaccine (given as the combined diphtheria, tetanus, acellular pertussis, dTpa, vaccine) are recommended for older adults. In recent years, there has also been a trend towards increasing rates of invasive meningococcal disease (IMD) in older adults.^{1,2} This is associated with the meningococcal W and Y serogroups, for which vaccines are available.</p>

Some of these vaccines are funded for eligible age groups through the National Immunisation Program (NIP), while vaccination against other diseases can be paid for privately by prescription.

Recommendation by healthcare providers has been shown to increase the likelihood of adults receiving their required or recommended vaccines.

HCPs' attitudes to vaccination of older adults are important factors influencing recommendation of vaccination.

Gap

Vaccination uptake among older adults remains low and vaccine preventable diseases remain a significant cause of morbidity and mortality among the older adult population. By comparison, vaccination rates for funded adult vaccinations (50–70%) are much lower than they are for funded childhood vaccines (>90%).³

An Australian workshop on “Vaccines for the older adult” co-hosted by the NHMRC and PHAA, named the following as some of the barriers to vaccination in older Australians³:

- The risks of adult vaccine-preventable diseases and the complications that may arise from vaccine preventable diseases are generally not fully appreciated.
- There is a lack of awareness about adult vaccines amongst HCPs and the public.
- Adult vaccination may be a low priority during GP visits, when multiple acute medical conditions take precedence.

Education

Increase the awareness amongst HCPs:

- of the high burden of vaccine preventable diseases in older adults,
- the local vaccination recommendations for this age group (such as in the Australian Immunisation Handbook, AIH),
- any other relevant emerging vaccine-preventable disease trends in the older adult population, and
- the important role HCPs play in adult vaccination uptake.

Increase the confidence of HCPs in recommending appropriate vaccines in older adults through:

- Practical tips/strategies in discussing vaccination

Outcomes

HCPs understand the importance of and are confident to routinely recommend vaccination of older adults to help prevent morbidity and mortality in this age group.

References

1. Australian Government Department of Health. Invasive Meningococcal Disease National Surveillance Report: with a focus on MenW. 30 September 2017. Available at: [http://www.health.gov.au/internet/main/publishing.nsf/Content/5FEABC4B495BDEC1CA25807D001327FA/\\$File/Sept-2017-IMD-Surveillance-report.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/5FEABC4B495BDEC1CA25807D001327FA/$File/Sept-2017-IMD-Surveillance-report.pdf) (Accessed January 2018)
2. Australian Government Department of Health. National Notifiable Diseases Surveillance System. Available at: http://www9.health.gov.au/cda/source/rpt_5_sel.cfm (Accessed January 2018)
3. MacIntyre R et al. Vaccine 2016; 34(46): 5463-69



Proposed target healthcare professional/s

GPs (The target audience is as many of the 24,000 GPs in Australia as possible)
Immunisation and practice nurses (2nd priority target audience if budget allows)

Proposed format for delivery of medical educational

Suggested: face-to-face education, with an option for livestreaming or recording for online/remote use

Proposed budget

No more than \$75,000

Proposed timelines for delivery of medical educational

Preferably between July and December 2018