Carlene McMaugh (00:01):

Welcome to the AJP Podcast, a podcast for pharmacists by pharmacists, where we discuss current events, relevant topics, and emerging issues in pharmacy practise. I'm your host, Carlene McMaugh, and together with the AJP, I'm bringing you the opinions, experiences, and expertise of pharmacists across the profession. Each episode offers insightful perspectives on the issues that matter most to us as pharmacists. Please like, rate and subscribe so you never miss an episode, and we hope you enjoy the podcast. So welcome to the AJP podcast. And today we have Anna Theophilus with us, and I might ask Anna to introduce herself to the audience.

Anna Theophilos (00:42):

Oh, well, hello. Thanks for having me. I thought you were going to ask me the first question. Okay, who am I? I'm Anna. I am the inaugural PSA National Vaccination Ambassador. I am a pharmacy owner. I'm a vaccinating pharmacist, and I always like to add in I'm the mum of two kids.

Carlene McMaugh (01:06):

They appreciate that too. So Anna, congratulations on being named the Inaugural Pharmaceutical Society of Australian National Vaccination Ambassador. What does this role mean for the profession, and what is your primary mission statement for the next 12 months?

Anna Theophilos (01:23):

I love this question. My mission is to ensure Australia fully utilises what I think is currently the most underused healthcare infrastructure, which is the community pharmacy network. We know with more than 75% of pharmacies across Australia now vaccinating. It's no longer where the pharmacy belongs in this space. We clearly do. So my mission this year, and I guess in this role, is to help our profession not to just sit in this lane, but to own it.

Carlene McMaugh (01:57):

Many of our listeners would know you as the Vaccination Pharmacist. You've built an extraordinary following in a very short period of time. What do you think has driven that growth and what is the key focus of your content?

Anna Theophilos (02:10):

Yeah, so it's been amazing actually. Six months ago before I started the Vaccination Pharmacist, I had a very sad Facebook page that my content creator, who's a magician, she looked at and said she couldn't possibly use. So it's actually been amazing to think that the growth has been driven and really fast, as you've mentioned, by the fact I think that it's meeting a genuine need within the profession. As you sort of pointed out, it's just been sort of in six months, the platform, it's grown to over 15,000 followers on Instagram. I think 20,000 across LinkedIn, Instagram, and TikTok combined, which to me reflects how hungry pharmacists are for confident short snippets and clear leadership in this space, because the key focus of my content has always been about empowering pharmacists to own vaccination and prevention conversations. So a big part of my content has been helping the profession move beyond simply knowing which vaccine is due, but to understand the disease behind the prevention, because I've found in my role that when pharmacists truly understand the burden of disease, so diseases like shingles, what does it do?

(03:31):

RSV, what's the real world evidence saying about you might get RSV and get over it, but how soon of a recovery, do you lose your independence? Influenza, why does it knock people off their feet? And we know that's because it's a full body inflammation ... Sorry, we know it's a full inflammatory body kind of

reaction. So yeah, I guess for me, I think there's been a real appetite for that. And I also think another part of my role is to be translating policy, legislation, updates, things that people don't get the time to read. And so when ATAGI came out, I was like, "All right, here's the top 10 things you need to know about the ATAGI statement." So I think there's just been a real hunger in the fast-paced world to get that kind of micro content because we are an industry that loves to stay up to date and on top of things.

Carlene McMaugh (04:24):

So where do you get the stimulation to find the content that you want to share?

Anna Theophilos (04:30):

Yeah, that's good. So since I started this role, I have so many people reach out to me, so via LinkedIn or just email or text messages at conferences. So they come up and they're like, "Hey, we'd love to hear more about this or we'd love to hear more about that. " And I think you can also see how well certain videos are received and engaged. And so we know the ones that we do, pharmacist interventions, that one will always get a really high viewing and they'll watch the whole video. Or when I do the disease behind the vaccine, we know that people really stay engaged with that. So then it just prompts me to make sure I'm prioritising that. And then of course, seasonal. So at the moment, as I said, when a target statement gets released, we obviously do that. But yeah, I think it's just more trying to fill the gaps that I think I would want help with and then listening to that feedback from the audience.

Carlene McMaugh (05:36):

How do we shift the public's view of the pharmacist from the person who dispenses to the primary immunisation expert in the local community?

Anna Theophilos (05:45):

Great question. I actually think the public is already ahead of the system on this one actually. The public already trusts pharmacists. We are the most accessible healthcare professional in the country and millions of Australians are already choosing to receive their vaccinations through pharmacy. So I guess what needs to shift is not necessarily public perception, but it's the system's willingness to formally recognise what pharmacists already are, which we are immunisation leaders. We need the systems to change. So it kind of formally recognises our profession as a national voice. So patients shouldn't have to have different vaccination experience depending on whether they live in South Australia or Western Australia or Victoria. So I think because the system is so fragmented across the country, that can therefore shift the public's view of the pharmacist. So when I get a four-year-old that comes in and says, sorry, a mum, the four-year-old doesn't just come in by themselves.

(06:50):

When I get a mum come in with a four-year-old and a six-year-old, and I can vaccinate their six-year-old because I'm here in Victoria, but I can't vaccinate their four-year-old, that says something to the public, why hasn't this health professional been signed off to be able to vaccinate my under five? So I think there's actually more of a systemic issue that can affect the public's view of a pharmacist's ability to vaccinate. And so for me, that's a huge focus that access needs to be consistent and nationally aligned, and that recognition has to come within the Australian Immunisation Handbook. And obviously it's strongly supported by the PSA. We've been really campaigning for some time for all states, all vaccines, all ages, rather than sitting and continuing to sit at the discretion of differing state legislation or local political attitudes towards pharmacy vaccination. Yeah, I say it all the time.

(07:52):

Anytime I speak to ... If I go to parliament or I speak... last week, I vaccinated the Victorian Health Minister, and I say this all the time, just put everybody around a table, give me a round table with all of the health ministers because every stakeholder that I speak to, government, industry, patients, frontline pharmacists, I've not had one person that doesn't see the inconsistency across the states and agree that it's not a serving Australians well. So I don't even remember what the question was, but my mission is to make that round tape ... Sorry. My mission for 2026 is to make that round table happen. We have the evidence, the profession is ready, the public supports it, and the safety data from Ausvax continues to support that model. So yeah, for me, it's less about convincing the public and more about ensuring that the system catches up to what the public and the profession already know.

Carlene McMaugh (08:54):

How will you be working with the Pharmaceutical Society of Australia to advocate for legislative changes that support pharmacist immunizer across different states?

Anna Theophilos (09:04):

Yeah, I think probably answered that similarly. I probably went a little bit off message in the last question, didn't I? But yeah, I think this is an incredibly important role because it gives our profession a national voice at a time when vaccination delivery in Australia remains fragmented. Yeah, I just keep coming back to that story that we're all Australians and you shouldn't have to have your access to healthcare, which is essentially what's happening determined by which jurisdiction you live in. And yeah, my role is just to keep advocating for that and so that the system formally recognises a consistent, I guess, approach nationally. And it really just takes away that confusion then for the consumer and the public. It's not a, "Can I get my travel vaccines at the pharmacy?" Or, "No, I can't, or I can get half the family down there." So it's just a confusing message.

(10:04):

And I think that that's one of the key things that we're really focused on this year.

Carlene McMaugh (10:10):

What are the biggest systems and funding barriers to delivering vaccination services beyond the traditional pharmacy setting, including home, aged care, and outreach models?

Anna Theophilos (10:22):

100% is funding. I don't believe the clinical capability is the issue. We have repeatedly proven that we can safely and effectively deliver vaccinations across multiple settings. The challenge is, unlike other healthcare professionals, we just don't have this dedicated Medicare item number or a sustainable funding pathway for vaccination services, sorry, delivered beyond the traditional pharmacy settings. So outside of the dispensary, the options could be charging the patient directly, which again, creates an immediate access barrier. So I don't know, for some reason, pharmacy seems to still be one of the professions that's often expected to absorb the operational and labour costs of delivering these critical healthcare services. And I think part of me is triggered and somewhat scarred by the COVID period. And I must admit, during that time, we were offered funding to go out on site to vaccinate, but that's now been removed. But I think one of the things that I'm always still struck by is during that time, community pharmacy, we were one of the few healthcare settings that we remained open.

(11:34):

Anyone could walk into without an appointment. We kept our doors open, we kept serving, people would come in and say they'd tested positive to COVID. And it was just during that time, community pharmacy remained one of the few healthcare settings where anyone could walk in, didn't have to have an

appointment. We kept our door open, we kept services running, remained highly accessible to the public. And I owned a business then, and I still remember yet we were often left carrying the financial responsibilities for the infrastructure, so purchasing our own screens, PPE, protective equipment, while other sectors received this support at no charge, and that was incredibly striking to me. And it just really highlighted this expectation that pharmacy just simply absorbs labour costs, financial costs, always in the name of access. So I guess to answer your question, I believe if we're serious about improving vaccination rates across those in- home care, I mean, I know in aged care we can deliver and be remunerated, but in outreach community settings, in schools, we don't get paid to deliver NIP vaccines.

(12:47):

And so I guess for me, the funding has to follow the patient and support the provider delivering the care.

Carlene McMaugh (12:55):

In your work with aged care facilities, what systems have you pioneered to ensure residents receive timely access to the National Immunisation Programme vaccines?

Anna Theophilos (13:05):

Yeah. So I think for me, we've pioneered this full end-to-end coordination model, which is specifically designed for aged care, and it looks at that complete coordination and governance framework that manages the entire process. So for me, I've been a huge ... What's the right ... I guess I've spent a long time going through the new Aged Care Act requirements for aged care. It's a space that I spent many years in before I had this role, so I could really see the fragmented parts of that. So we've worked to really create systems that starts at the facility and ends with the provider, but also providing this governance level compliance reporting. And for us, those facilities, we go in and they've got 15% vaccination coverage. We can get them up to over 80% in six months. And if you take out the people who've declined, they're often sitting at around 95 to 100%.

(14:07):

So for me, the best part, I guess I've seen is what happens when you have that full immunisation coordination piece, and it can have a dramatic change to the capacity that both the facility and the provider has to execute these changes.

Carlene McMaugh (14:30):

Many pharmacists feel burnt out by the idea of adding more clinical services. How can a busy community pharmacy integrate high volume vaccination programmes without compromising safety or staff wellbeing?

Anna Theophilos (14:43):

Yeah, this is definitely an important question facing our profession right now. I guess the answer is not fewer services though. It's better systems. It's better staffing. And I don't mean better as in more. I mean, intentional staffing. And of course, as I've just mentioned before, better funding. So yeah, burnout, it doesn't come from clinical services alone. It happens when these new services are layered onto old workflows without redesign, resourcing, or proper remuneration. And I'm actually chairing an advisory group next month where one of the key agenda items is this exact issue, identifying approaches to mitigate and prevent workforce burnout. And we're actually going to draw on insights from international markets. So Canada who are currently 18 to 24 months ahead of us in implementing advanced scope and where rising burnout has already been observed.

(15:41):

Yeah. So I guess what these international markets are showing us is that expanding scope, it's not the problem in itself. The real issue is the expanded scope without expanded support. So I guess when services increase, but staffing workflows, as I said before, and funding structures remain the same, the pressure inevitably falls back onto the already stretched pharmacists and their teams. So for a busy pharmacy to integrate all these high volume for us, we're talking vaccination programmes at the moment, it has to be built as a system and not as an add-on. So that means thinking through the booking logic, delegated administrative workflows, protected, vaccinated time, consent, documentation pathways, and I guess then a remuneration model that reflects the true operational load. But yeah, the lessons that we're seeing from overseas is clear. So if you expand scope without expanding infrastructure, you expand burnout. So yeah, the focus that's not so much doing less, but I'm building these better systems that allow pharmacists to do more safely and sustainably.

Carlene McMaugh (16:49):

With the shift towards professional services, how do we ensure that outreach and specialised vaccination clinics remain financially viable for the average community pharmacy?

Anna Theophilos (17:01):

Yes, it's a good one. I think we keep coming back to funding. I don't think that was meant to be the key focus of today. At the moment, I guess one of the biggest barriers, it's always that pharmacy. We're just always too often expected to absorb that operational and labour cost of delivering these services. So I guess it all comes down to if we want to continue leading and prevention, we need these funding models that recognise the true cost of delivery. So not just the vaccine itself, but the coordination, the staffing, the travel, the governance, the support, documentation, the council and advice that we provide these patients. Yeah. So I guess for the average pharmacy viability, it comes down to a sustainable process. So is it sustainable? And we can't keep asking pharmacists to deliver these high value public health services as an add-on without a funding mechanism to reflect their time, expertise, and workforce required.

(18:00):

Yeah. So I do think that if you look at something like NIP and school at the moment, so we can't vaccinate, or we can vaccinate there, but we can't get funding for that under NIP. And I think to myself, one of the reasons is because the federal government gives the state governments and then the state governments distribute it out to the council or to the local government areas and it sort of filters down to the councils. And so I get why then they go, "Well, we don't want to double fund something because we've already paid for the students to be or the kids to be vaccinated." So I guess for me, it's like, well, do we need to readdress that now that we've expanded vaccinators and the ability of support in these areas, maybe it needs to become a per patient funding model rather than we are going to pay lump sums to get that job done.

(18:55):

And then it really does open it up to allow us all to support one another. I know that I've been asked multiple times by schools to come and do catch-up NIP clinics because the council just doesn't have the capacity to go back and do that. And to be able to have to say no, purely based on funding is not where we want to be in 2026, especially with vaccination rates going in the direction and not in a good direction.

Carlene McMaugh (19:25):

So I guess I'll add another question here, maybe a ticket question. So with the systems and the funding in place, I guess I would ask, is it getting recognised in a higher level that these issues need to be addressed?

Anna Theophilos (19:38):

Yeah, absolutely. Yeah. I mean, I have these conversations with key members of the Department of Health. They're very aware of it. And that's why I know that the answer is, well, we've already paid for it essentially. So I get it. I completely understand why we're restricted. Because I still remember sitting in a conference and writing, we were listening to HPV rates declining. And I remember sitting next to someone who was key decision maker and saying, "Pharmacy question mark." And they took the time to really explain we've already kind of paid and that's how I was understanding it. So for me, my personality is not to just ... I completely respect them. We do have a great healthcare system in Australia, but my also skillset is to problem solve at 3:00 AM. And so very much was I thinking, well, I think we need to now think, okay, well funding, how do we do it?

(20:36):

It needs to maybe become a per patient funding model because I get it. We don't want to pay twice for a service, right?

(20:45):

But yeah, something's got to change and something's got to give because we've got so many competent vaccinators. And the more and more I spend in this space, we've got this new, beautiful, enthusiastic generation coming through who are ready to take this kind of scope with two hands and really execute well. So we just need to try to work out how do we remove as many barriers as possible to make sure that these patients have access to the funding models. Not the fact patients, I should say the providers have access to getting remunerated and it not be based on what building you're inside.

Carlene McMaugh (21:32):

How can pharmacists better collaborate with local GPs to ensure vaccination records are seamless rather than competitive?

Anna Theophilos (21:40):

I'll be honest, before stepping into this role, I was somewhat naive to just how significant this issue still is. Obviously, I knew there'd been concerns historically like when pharmacy vaccination first expanded, but it really hit me actually last year when I was presenting at a conference and before I had even been introduced. So I remember I'd been invited to speak at this conference on a topic that was, I think I was vaccinating in older adults or something very much in my skillset and my kind of expertise, I would say. But before I'd even been introduced, this so- called turf war was mentioned. And even before I even opened my mouth, I was asked this really loaded question around the safety of pharmacists delivering vaccinations. And I just remember thinking, thank goodness I'd actually presented the week before on the exact issue. So thankfully I was able to directly respond with Ausvac's safety data that clearly shows that there'd been no increase in adverse events since expanding vaccination providers.

(22:50):

But I came home from that conference and it made me realise that to some extent we're all operating in our own echo chambers and pharmacists included. We're all running our separate races within the same health system. And if I'm being candid, I think commercial realities play a role in that. I experienced situation where I had a longstanding collaborative relationship with our local GP clinic and the year that we were able to offer NIP without the extra charge. So at one point we could get the vaccine for free, but we had to still charge that extra administrative fee. Obviously we were vaccinating our customers and they called me and they said, "You went too hard too soon." And that literally broke the relationship.

(23:45):

And I guess as a business owner, I understood their perspective. Yeah, I don't know. But yeah, it did make me at that point go, we're talking about patient safety and continuity of care, or are we sometimes more concerned about the financial impact? So I do think that part of breaking through is being honest

enough as a sector to acknowledge that both can exist. But yeah, I think it also starts from the top. So interprofessional attitudes are often shaped very early. So sometimes even during university training and early postgraduate years and we slip into being, what do they call, like given the Kool-Aid, drinking the Kool-Aid, where professions are told at uni that pharmacy doesn't belong or where the answer. So you get in these echo chambers.

(24:49):

Yeah. So I guess for me, it's that collaboration just can't happen at the frontline. It has to start at that leadership level and be reflected through the education pathways. But ultimately the two professions, they just need to come together and sort this out. We're too brilliant and deeply interconnected professions, and yet sometimes we seem to operate in complete isolation from one another. And pharmacy and general practise, we shouldn't be running separate races when we're both working towards this same outcome, which is protecting patients and improving public health. So give me another round table and we'll put the RACGP, we'll get the guild, we'll get the AMA, we'll get the PSA, and we'll all sit down and I'll sort us all out. I joke, although give me a shot, I'll have a go because really it shouldn't be about the turf. It needs to be about trust and patient protection because ultimately the patient doesn't care whether the vaccine was administered by a pharmacist or the GP, but they do care that they were protected.

(25:52):

I care that they were protected, and that's the lens that both professions need to come back to.

Carlene McMaugh (25:58):

We are seeing a massive push for pharmacists to prescribe and manage more conditions. Where does vaccination fit into this broader full scope journey?

Anna Theophilos (26:07):

Yeah, for me, vaccination will always be the inaugural proof point for full scope, I think. In many ways, we were the first real demonstrations or demonstration that when pharmacists are trusted, trained, and appropriately integrated into the health system, we can deliver expanded clinical services safely, effectively, and at scale. And let's be honest, before vaccination expanded, there was significant pushback. Questions were raised around safety, workflow, governance, whether pharmacists should be stepping into this clinical space at all. And fast forward to today, we have 25 vaccines available through community pharmacy with more than 4.6 million vaccines delivered in 2025 alone. And that is extraordinary. And I think in terms of full scope, vaccination drew the line in the sand and it proves that pharmacy is not only capable of operating at full scope, but we can lead at scale. And so for me, this was the prototype.

(27:10):

It showed the system what happens when access meets trust.

(27:16):

Yeah, when it meets trust, systems and clinical capability. And it also proves that the pharmacist's recommendation drives uptake. Conversations change outcomes and pharmacy can operationalize public health strategy in real world settings. Yeah. So now when we talk about pharmacists prescribing and managing more conditions, I actually see vaccination as the evidence base that got us here. We were the inaugural model is what I'll say, just like I'm the inaugural vaccination ambassador. We were the inaugural model. We were the proof of concept and I think it should give the profession and the whole health system confidence moving into the next phase of full scope because it's no longer theoretical. We have already shown what extraordinary looks like.

Carlene McMaugh (28:08):

For early career pharmacists who are inspired by your path, what specific skills outside of clinical knowledge should they be developing to become leaders in public health?

Anna Theophilos (28:19):

Find your people. Surround yourself with mentors, leaders, and peers who make you want to grow, watch good content. Yeah, I don't know. I often compare it to the way we think about friendship groups for our children. The people around you shape what you believe is possible. So if you've got friends building you up, you'll often achieve a lot more than friends that are constantly putting you down. Yeah. So I often say to my kids, if you're surrounded by people who think you're small, you're often going to think small. But if you're surrounded by people who challenge you, inspire you, expand your vision, your leadership will naturally grow. So yeah, I think that that's a huge part. I think the second is making ... Sorry. I think the second skill is communication or the second kind of piece of advice. Public health leadership, it's not just about knowing the evidence, it's about being able to translate complex clinical information into conversations that change behaviour.

(29:20):

So whether that's speaking to a patient, presenting in a room of healthcare professionals, speaking on a podcast, or advocating at policy level, communication is one of the most powerful leadership skills you can develop. What else have I got for these guys? The third is system thinking, I think. Some of the biggest healthcare challenges are rarely purely clinical problems. They're often, as I said, it's workflow, it's access, it's policy, it's funding, or system policies. So learning to step back and ask, why is this happening at a systems level? It's actually a skill that will take you far beyond traditional practise. And I guess finally, I would say back your self, don't wait for someone to hand you permission to lead. Some of the most meaningful public health work happens because someone was willing to step forward, ask the hard question and build something better. And I always go back to Martin Luther King Jr. And he said, "If you're going to be a street sweeper, be the best street sweeper in the world." And I think the saying was something along the lines of sweep as if all of the host of angels were watching you.

(30:28):

But I always come back to that. I'm like, "Whatever you do, bring excellence because being a leader often starts in those smallest moments." How's that for a pep talk?

Carlene McMaugh (30:41):

Worked for me. What is the one vaccine myth you find yourself debunking most often in 2026?

Anna Theophilos (30:51):

This is a fun one because I don't know if you mean online or whether you mean in the store, but I think I'm going to go in the store because it'll probably be more helpful to your listener. It's 'I'm healthy, so I don't need it'. And it's such an interesting one that I'm debunking a lot and especially this 50-year-old gang is what I call them, the 50-year-old gang of awesomeness because they're well, they're fit, they're healthy in their mind, and they're just not aware that they can't fight biology. As soon as they turn 50, we know that their immune system starts to decline. So yeah, it's been a huge one that I've been having. Obviously as flu vaccines have come out now, we're doing a lot of these conversations with this age group, and I think that that's what I'm hearing a lot in the last couple of weeks.

(31:43):

And I guess for me, that's why it's so important that we talk not just about eligibility, but we're talking about the disease behind the vaccination and influenza is a classic one. So we're talking about the cardiovascular risk after influenza that we know that it's, I think, six times more likely to have a heart attack in the seven days after getting influenza, the hospitalisation risk of RSV. And again, we're not

talking about necessarily the RSV virus itself, like getting it. We're talking about the after effect often it's hospitalisation and then it's that loss of independence. And at that point, the value of vaccination becomes much clearer.

Carlene McMaugh (32:26):

If you could change one thing about the National Immunisation Programme tomorrow, what would it be?

Anna Theophilos (32:32):

Oh, I'd make every vaccine funded. I don't know if we could afford it, but how amazing would it be that every vaccine available was free and accessible to every Australian who was eligible for it? But if I had to do a sort of second, because I don't feel like that's going to be approved, I think it's coming to be funding pharmacists in every setting. So going back to what I was talking about before where I think it should be a funding per patient. So it doesn't matter who does it, it's just the same consistent payment. So at the moment we've got different funding for GPs, we've got different funding for pharmacists, we've got different settings that people can vaccinate and be funded. I think for me, a consistent approach in terms of funding and also in terms of settings.

Carlene McMaugh (33:27):

And the last question, what is your one sentence call to action for pharmacists listening to this today?

Anna Theophilos (33:34):

Oh, one sentence. How about I give you one statement? Step fully into your role as a prevention leader. Never underestimate the power of your recommendation because we know that the single most influential factor in whether someone says yes to vaccination is the recommendation of a trusted healthcare professional. And I drive that home over and over and over again because we're no longer proving that pharmacy can do this. It's actually now time for us to step up, to lead it, and to shape what comes next. Mic drop.

Carlene McMaugh (34:16):

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