

# National Minimum Standards for Immunisation Training



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The advisory group consisted of individuals from different professional backgrounds. This enabled the group to draw on a wide range of experience in many different areas of immunisation policy and practice. A wider consultation process was then carried out to ensure that the views of professionals in all areas were represented. We gratefully acknowledge the advice and recommendations given by the following organisations and the wider consultation that they carried out with their members on our behalf:

- Association of NHS Occupational Health Nurses
- City University Public Health and Primary Care Unit
- Community Practitioners and Health Visitor Association
- Health Protection Scotland (formerly the Scottish Centre for Infection and Environmental Health)
- National Association of Primary Care Educators
- National Pharmaceutical Association
- National Public Health Service for Wales
- NHS Alliance
- Northern Ireland Regional Immunisation and Vaccination Committee
- Primary and Community Care Pharmacy Network
- Public Health Medicine Environment Group on behalf of the Faculty of Public Health
- Royal College of General Practitioners
- Royal College of Midwives
- Royal College of Nursing
- Royal College of Paediatrics and Child Health

These Standards have been approved for use in England, Northern Ireland and Wales.

Further consultation is underway on their application in Scotland.

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# 1 Background

Immunisation programmes are one of our most successful public health measures. Ensuring public and professional confidence is critical to the success of these programmes. As the incidence of infectious diseases declines, it is important that professionals are able to explain why vaccinations are still needed. In a climate where vaccine controversies are frequent and public confidence in vaccines may waver, immunisers need to be confident, knowledgeable and up to date.

A high level of knowledge and a positive attitude to immunisation in healthcare workers are important determinants in achieving and maintaining high vaccine uptake. Good basic training and regular updates should be provided to achieve this.

## 2 Current standard of training

The lack of nationally agreed standardised training programmes means that delivery and content of immunisation training currently varies across the country. Undergraduate courses rarely include much teaching about immunisation and the provision of immunisation courses for qualified health professionals varies from locality to locality.

In June 2003 the Health Protection Agency (HPA) carried out a survey of the immunisation training offered in English Primary Care Trusts<sup>1</sup>. This survey showed that excellent training was being provided in many areas. However, it also showed that the organisation and provision of training is inconsistent across the country.

In England, the implementation of *Shifting the Balance of Power*<sup>2</sup> in 2002 brought about changes in the way in which immunisation is managed within Primary Care Trusts (PCTs) and Primary Care Organisations (PCOs). Formerly, District Immunisation Co-ordinators (DICs) were key to the success of immunisation programmes and often took the lead for training. However, the Districts for which they were responsible have now been dissolved and parts of their role transferred to PCTs/PCOs. PCTs/PCOs are currently establishing roles and responsibilities to ensure the local delivery of the national immunisation programme, including identifying PCT/PCO immunisation leads and developing training programmes. Hence the introduction of national standards in immunisation training seems timely.

The intended purpose of National Standards is to provide consistency in the training provided across the country and to aid those areas where training is not currently established. It is to the credit of those currently immunising that the national immunisation programme has achieved the success that it has. These standards should support practitioners to build on this success.

In addition, the context in which vaccinators operate is becoming increasingly more regulated through:

- requirements of clinical governance and accountability
- audit
- patient group directions
- increasing emphasis on health care workers demonstrating specified competencies

There is also increasing demand for information from parents.

Well implemented training of health care professionals has the potential to address these and to prevent serious adverse events. Specific training in immunisation should therefore be seen as a priority by the NHS and related organisations.

## 3 Immunisation training in other countries

Other countries including Australia, New Zealand and the USA have addressed consistency and provision of training through the setting of national standards and guidelines for training of vaccinators. Links to their guidelines and resources are included below for information.

### Australia

National Guidelines for Immunisation Education for Registered Nurses and Midwives Commonwealth Department of Health and Aged Care, 2001

[http://immunise.health.gov.au/nat\\_guide.pdf](http://immunise.health.gov.au/nat_guide.pdf)

### New Zealand

1. *Standards for Delivery of Vaccinator Training Courses for Non Medical Vaccinators*

Immunisation Advisory Centre, University of Auckland, 2nd edition, Nov 1999

2. *Standards for Delivery of Updates for Trained Non Medical Vaccinators*

Immunisation Advisory Centre, University of Auckland, April 1999

<http://www.imac.auckland.ac.nz/resources/index.htm>

### USA

*Teaching Immunization Practices: A Comprehensive Curriculum for Nurses*

Association of Teachers of Preventative Medicine and Centers for Disease Control and Prevention in collaboration with the American Nurses Association, 1997

[http://www.atpm.org/publications/list\\_publications.htm](http://www.atpm.org/publications/list_publications.htm)



## 4 Aims and objectives of National Minimum Standards in Immunisation Training

The aims of National Minimum Standards for Immunisation Training are to ensure that all health professionals engaged in vaccination are trained to:

- be able to provide accurate and up to date information about the diseases and vaccines to their patients
- ensure that their practice is safe and effective
- give a high standard of care

This will enable individuals to make informed decisions and will promote public confidence in vaccination.

The objectives are to:

- enable health professionals to confidently, competently and effectively promote and administer vaccinations
- ensure that the Joint Committee of Vaccination and Immunisation (JCVI) and Department of Health (DH) recommendations (as detailed in Immunisation against Infectious Disease<sup>3</sup> (the 'Green Book') and CMO/CNO/CPO Letters) are implemented at local level by all involved in immunisation

National Minimum Standards for Training in Immunisation will achieve these objectives through:

- helping to promote countrywide consistency and high quality practice in immunisation
- enabling those in charge of designing and running local immunisation courses to ensure that all core areas of knowledge and competency are covered by providing a curriculum around which to structure the training they offer
- facilitating an improvement in the proportion of staff receiving training where this is currently already provided
- defining the minimum level of training that should be provided

## 5 Who are the Standards for?

Anyone involved in immunisation should have access to training – whether working for the NHS or in private healthcare. Most parental discussion is with GPs, health visitors and practice nurses, and most immunisations are given by nurses, so provision of training is most important for these groups. However, everyone who gives or advises on vaccination as part of their clinical practice including Immunisation Co-ordinators, Consultants in Communicable Disease Control (CCDCs) and other public health practitioners, paediatricians, pharmacists, midwives and occupational health professionals should receive formal training in immunisation and should attend regular updates. Ideally, their training should meet these Standards but the topics covered and the level of detail required may vary depending on the nature of their role.

These standards have been written to address both the future training of healthcare professionals involved in immunisation and the provision of updates and ongoing training for those professionals who are currently involved in immunisation. The introduction of minimum training standards does not mean that healthcare professionals presently providing an immunisation service should be prevented from practising, retrained or made to attend a basic training course. It is hoped that the Standards should enable these professionals to access further training and have the opportunity to attend regular updates.





## 6 National Minimum Standards for Immunisation Training

The minimum standards are summarised in Table 1. The core subject areas to be included in all immunisation training courses are outlined in Table 2. More detail on the learning aims and objectives and content for sessions is given in the Core Curriculum document provided separately.

TABLE 1 National Minimum Standards for Training in Immunisation

<i>Standard</i>	
1	<p><b>THE PRACTITIONERS</b></p> <p>Anyone who immunises or advises on immunisation should be on a relevant professional register such as the Nursing and Midwifery Council, the General Medical Council or equivalent.</p>
2	<p><b>THE REQUIREMENT TO BE TRAINED</b></p> <p>Anyone who immunises or advises on immunisation should receive specific training in immunisation and should attend regular updates. Those new to immunising should be supervised by an experienced immuniser and attend a formal taught course at the earliest opportunity.</p>
3	<p><b>THE TRAINING CONTENT</b></p> <p>The content of the basic training should include as a minimum all the areas of knowledge outlined in Table 2. All healthcare professionals involved in immunisation should be able to demonstrate competence, understanding, skills in and current evidence-based knowledge of these areas.</p>
4	<p><b>DURATION AND FREQUENCY OF TRAINING</b></p> <p>The minimum duration of basic training courses should be two days. Annual updates must be provided for and attended by those who have completed basic training.</p>
5	<p><b>ACCESS TO NATIONAL POLICIES AND UPDATES</b></p> <p>Anyone who immunises or advises on immunisation should have access to the Department of Health's Immunisation against Infectious Disease<sup>3</sup> (the 'Green Book') and all updates of national vaccination policy including CMO/CNO/CPO letters.</p>
6	<p><b>EVALUATION</b></p> <p>Those responsible for clinical governance should ensure that staff training is included in regular audit of the immunisation service.</p>

## 7 Core knowledge

The Core Curriculum document lays out the essential topics which should be incorporated into all immunisation training. It is intended that this be used as a minimum framework around which trainers can build their training programme. It does not dictate how immunisers should be taught or assessed since flexibility to incorporate local needs and existing training programmes is important. Suggestions made as to assessment methods and minimum periods of clinical supervision are intended as minimum guidelines. Local immunisation teams should decide how to deliver the training and how to assess the participants. This flexibility also allows specialist areas such as travel to be included in the training where local needs require it as well as practical skills teaching through skills workshops.

It is hoped that this flexibility will encourage inclusion of immunisation training in specialist training programmes for nurses and health visitors, GP vocational training courses and to become part of undergraduate education for nurses, midwives, doctors and pharmacists. The core curriculum could also be used by universities who wish to set up post-graduate courses or allow university accreditation of local training courses.

All healthcare professionals involved in immunisation should be able to demonstrate competence, current evidence-based knowledge and understanding of the areas listed in Table 2. He or she should be able to explain these to a vaccinee, parent or caregiver where required. On completion of immunisation training, practitioners should only undertake immunisation if they are able to state that they feel competent to do so. They should then take personal responsibility as healthcare professionals for remaining up to date in all aspects of immunisation.

Trainers should ensure that the content of each session enables the participant to meet the learning objectives specified for each core topic.

TABLE 2 Core areas of knowledge

1	The aims of immunisation: national policy and schedules
2	The immune system and how vaccines work
3	Vaccine preventable diseases
4	The different types of vaccines used and their composition
5	Current issues and controversies regarding immunisation
6	Communicating with patients and parents
7	Legal aspects of vaccination
8	Storage and handling of vaccines
9	Correct administration of vaccines
10	Anaphylaxis and other adverse events
11	Documentation, record keeping and reporting
12	Strategies for improving immunisation rates

## 8 Training update days

Provision of a regular and ongoing programme of updates for those who have completed the initial immunisation training should be seen as an important priority since policy and recommendations in immunisation change frequently as new vaccines are developed and introduced and as surveillance alerts policy makers to changes in the pattern of disease. The regular advent of news stories on issues such as thiomersal and MMR and the publication of new research mean that immunisers need regular opportunities to stay up to date. It is therefore recommended that, as a minimum, yearly updates should be provided for all immunisers who have completed a basic immunisation course. It is likely that to include all the areas listed below, this will require the equivalent of a whole day or two half-day sessions.

Update sessions should cover any recommended changes to practice and the most up to date policies and guidelines.

**The following areas could be included in training updates:**

- Current issues in vaccination
- Recent epidemiology of vaccine preventable diseases
- Any changes to the National Immunisation Schedule
- Any changes to legislation relevant to vaccination
- Anaphylaxis recognition and management
- Review of current practice and identification of areas for improvement
- Q&A session for commonly-encountered problems in practice

## 9 Assessment of competence

Those responsible for training should develop effective strategies for assessing both theoretical knowledge and clinical competence.

### 9.1 Assessment of Knowledge

Participants' knowledge following attendance at a training course should be assessed. This may be done in a number of ways - for example, through a short multiple-choice answer test. This could be an informal test, either completed at the end of the course or at home afterwards. It may be helpful to link accreditation of the learner to completion of such an assessment.

### 9.2 Supervised Clinical Practice

Supervised clinical practice helps to ensure the integration of theoretical knowledge with clinical practice.

It is recommended that all new vaccinators should spend a minimum set amount of time (for example two immunisation clinic sessions) with a practitioner who has attended a comprehensive immunisation course and is experienced in giving vaccines and advising about immunisation before starting to give immunisations themselves.

Assessment should involve observation of the health care professional during a minimum number of vaccinations or whole clinic sessions to demonstrate that they have attained specified clinical competencies such as those included in the Core Curriculum document.

Use of formal competency checklists, accreditation and certificates of attendance at immunisation training courses and updates would also prove useful for immunisers wishing to move from one area or post to another.



## 10 Delivery of immunisation training

Ideally, immunisation training should take place at a local level and be led by local trainers. Involving local experts in delivering training enables immunisers to raise local issues for further discussion. It also gives immunisers the opportunity to meet those leading on immunisation in their locality so that they know whom to contact for support and advice. Those at a local level with particular responsibility for training include PCT/PCO Immunisation Leads, Immunisation Co-ordinators, Community Paediatricians, CCDCs and other members of local Health Protection and Primary Care Teams.

Local speakers offer a good working knowledge of the immunisation situation and issues in the area and will therefore make training more relevant for the immunisers. Certain areas such as clinical governance and record-keeping may have some degree of local area variation and are therefore best taught at local level. It would also be beneficial, where possible, to involve a variety of local specialist speakers such as immunologists, pharmacists, child health computer staff, etc. External speakers may be required to cover specific topics and to provide an opportunity for local staff to meet national authorities on the subject area.

In many areas, it may be possible to enrol the PCT/PCO educators and training departments to establish and take a lead in organising and running immunisation training. Lecturer Practitioners could establish immunisation training both at a pre and post registration level within Universities. Collaboration between educational establishments and PCTs/PCOs should be encouraged to share experience and skills and build upon any currently available courses.

However, it is important that one person takes the lead for co-ordinating the training arrangements, both ensuring that training is being provided and that individuals are being given the opportunity to attend. The Strategic Health Authorities (SHAs) may be well placed to ensure that PCTs/PCOs have appropriate training arrangements in place.



## 11 Provision of training for trainers

Those responsible for providing local training and overseeing the local implementation of the immunisation programme in each area have additional professional development needs in order to be able to organise and deliver the broad range of material that is required.

Such people are also the leaders in immunisation for their organisation, whether it is a Hospital Trust, a PCT/PCO or a local unit of the HPA.

They require a more in-depth knowledge both of the subject areas they will need to teach and also of more specialist areas such as audit and critical incident management in order to run an effective immunisation service within their area. They also require regular updates on current immunisation issues.

Trainers should take advantage of study days tailored to meet their needs. Examples of these include the Immunisation Co-ordinator update days run periodically by the DH, the annual immunisation study days organised by the HPA's Centre for Infections and other local or national study days held by different organisations and professional bodies across the country. Longer specialist immunisation training courses such as the one developed by the HPA and City University may also provide an example for training the trainer.

Training days for Immunisation Trainers should include any recommended changes to previous practice and the most up to date guidelines. Areas covered may include those listed in Table 3.

TABLE 3 Topics for training the trainer in immunisation

1	Current issues in vaccination
2	Recent epidemiology of vaccine preventable diseases
3	National immunisation schedule and any recent changes
4	Vaccine transportation, storage, preparation, administration and disposal
5	Anaphylaxis recognition and management
6	Immunology
7	Legislation relevant to vaccination
8	How to plan and develop training and methods of assessment in the local setting that cover all the Standards for Immunisation Training
9	Media training and other communication issues
10	Critical appraisal of research and literature and modern electronic library methods
11	Mentoring
12	Teaching methods
13	Data collection and the Child Health System
14	How to audit and critically evaluate the vaccination service provided
15	Dealing effectively with persistent non-attenders
16	Ethical issues in vaccination
17	Vaccine adverse events
18	Critical Incident management including reporting mechanisms and audit
19	Dealing with complex vaccination queries
20	Implementing and evaluating ad hoc campaigns

## 12 Resources required to meet the Minimum Standards for Immunisation Training

### 12.1. Financial resources

In many areas, training is well established and the Minimum Standards will already be met or exceeded without any need for additional resources. For most remaining areas, the changes that are required for implementation will be of co-ordination, organisation or orientation of existing arrangements for training and should have minimal resource implications.

In a small number of areas more significant development of training and mentoring will be required as well as the infrastructure to sustain it. The resources required can be justified in terms of clinical governance and risk management. PCTs/PCOs may be required to expend large resources dealing with look-back exercises and setting up clinics to re-immunise patients if they do not maintain and develop the skills of the health care professionals delivering vaccinations. The risk of such adverse events is likely to be reduced by implementation of these minimum standards, and so they are likely to be resource saving in the longer term.

### 12.2. Teaching resources

The online edition of *Immunisation against Infectious Disease*<sup>3</sup> (the 'Green Book') should effectively be the course manual. CMO/CNO/CPO Letters should also be used where recommended changes to vaccine policy occur. However, as these may have insufficient detail for some aspects, they should therefore be complemented with the wide range of immunisation material now available.

Training resources will be developed and made available through various outlets including the HPA website (<http://www.hpa.org.uk/>). This website will include training materials such as PowerPoint presentations, and a list of books, key journal articles, specific specialist publications (e.g. Royal College of Paediatrics and Child Health Best Practice Statements), videos and website links (e.g. DH and NHS Immunisation Information, World Health Organisation, etc). It is hoped this can be developed in the future to include an on-line theoretical assessment facility.

Finally, local healthcare professionals need to know how to gain access to local and national experts in immunisation and get support from an expert source such as the local Immunisation Lead or Co-ordinator, the HPA and the DH.

## 13 Implementation and evaluation of the standards

Successful implementation of the standards will require:

- Provision of adequate resources in primary care to support training
- Identified leadership and co-ordination of training in primary care by PCTs/PCOs
- Trainers who have the expertise to deliver training to the required standard

Provision of immunisation training needs to be seen as a priority for funding, time and other resources both by those at first level such as GP Practices and Nurse Managers and also by those responsible for overseeing the implementation of the immunisation programme as a whole within PCTs/PCOs, SHAs, local and regional units of the HPA and other public health services. Ultimately, implementation of such standards could form part of an accreditation process for immunisation services.

PCTs/PCOs in particular need to ensure that immunisation training is a local priority. This would be supported if immunisation training was monitored by the SHAs and was included in NHS PCT/PCO performance indicators.

PCTs/PCOs will be aware of the benefits that training has in areas such as clinical governance and risk management.

As part of good clinical governance, PCTs/PCOs should therefore be responsible for evaluating whether the Minimum Training Standards are being met and audits of staff training should be included in evaluation of the immunisation service delivered by the PCT/PCO. For risk management, the Standards have the potential benefits to prevent the impact on resources of adverse incidents.

The Standards should also be included in the Healthcare Commission's inspection of immunisation services offered by private healthcare providers.

At national level, the Standards and the curriculum could be evaluated regularly through surveys of PCTs/PCOs focussing on implementation of the Standards, what barriers have been identified and how these can be or have been addressed.



## 14 References

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- <sup>2</sup> Department of Health *Shifting the Balance of Power* in the NHS. 2001. London
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Available online at:  
<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/GreenBook/fs/en>



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