**

| **Competency Assessment Tool for Travel Health Practitioners** | | | | | |
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| **INSTRUCTIONS FOR USE**   * Each competency statement should be assessed if relevant to the post * The tool aims to assess what the practitioner does in practice rather than just measuring knowledge * Within the pre-travel health consultation/service, the practitioner should be able to **demonstrate** the following: | | **Not applicable to current role** | **Self-reflection**  **Record**: Met (M) or Needs Further Development (NFD) (Also, initial & date) | **Supervising practitioner**  **Record**: Met (M) or Needs Further Development (NFD) (Also, initial & date) | **Action plan**  As agreed with supervising practitioner |
| **Section A: Knowledge** | | | | | |
| A1 | Provides evidence that Foundation immunisation training including competency assessment has been undertaken as per [*The National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners*](https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners) |  |  |  |  |
| A2 | Provides evidence of annual face to face CPR and annual anaphylaxis training |  |  |  |  |
| A3 | Provides evidence of Safeguarding training to the appropriate level for [children](https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/january/007-366.pdf) and adults, including specific Female Genital Mutilation (FGM) training |  |  |  |  |
| A4 | Provides evidence of having completed an essential travel medicine training programme (See Appendix C) |  |  |  |  |
| A5 | Awareness of legal framework for the administration of medicines within the consultation with particular regard to PGDs, PSDs, use of unlicensed and off-label drugs |  |  |  |  |
| A6 | Awareness of the need to apply confidentiality, completeness of contemporaneous records, obtaining traveller consent and retention of records according to local laws |  |  |  |  |
| A7 | Accesses key resources for travel health including:   * Websites - TravelHealthPro from NaTHNaC or TRAVAX from Public Health Scotland * The ‘Green Book’ * The UK Malaria Guidelines * Helplines for clinical queries e.g. NaTHNaC and TRAVAX telephone helplines and the PHE Malaria Reference laboratory e mail service for complex problems * Drug information resources, e.g. Electronic Medicines Compendium (eMC), drug interaction tools |  |  |  |  |
| A8 | Awareness of appropriate time-keeping in a consultation |  |  |  |  |
| **Section B: Pre-Travel Risk Assessment** | | | | | |
| **Pre-Travel Risk Assessment: Information gathering** | | | | | |
| B1 | Demonstrates ability to gather information from the traveller including:   * Complete medical history * Complete travel itinerary * Previous vaccine history * Expectations of the traveller in relation to consultation and their personal travel risks * Compliance regarding travel insurance |  |  |  |  |
| B2 | Demonstrates good communication skills:   * Puts traveller at ease, establishes rapport * Utilises a range of communication methods /tools * Allows time for traveler to process * Information * Allows time for questions |  |  |  |  |
| B3 | Consideration of factors that may impede optimal communication and able to manage these effectively without compromising the travel health consultation e.g. language skills requiring a translation service, visual, hearing and speaking impairments, mental health |  |  |  |  |
| B4 | Addresses the travellers’ concerns:  travel anxieties, budget restrictions using appropriate communication skills to manage these |  |  |  |  |
| B5 | Explores non-vaccine preventable risks during a consultation |  |  |  |  |
| B6 | Able to record the information using a comprehensive clinic template document |  |  |  |  |
| **Pre-Travel Risk Assessment: Evaluate and quantify health risks** | | | | | |
| B7 | Able to demonstrate effective use of key travel medicine resources to support evaluation of risks |  |  |  |  |
| B8 | Differentiates impact of geographical locations on risk assessments e.g. rural vs urban; altitude; climate |  |  |  |  |
| B9 | Identifies travellers with additional needs including:   * Co-morbidities * Pregnancy * Infants * Visiting friends and relatives * Older persons * Mental health issues * Disability/additional needs |  |  |  |  |
| B10 | Evaluates risks:   * Personal risks e.g. chronic medical conditions, age, travel experience * Geographical and environmental risks * Vaccine preventable disease risks (VPD) * Non vaccine preventable disease risks * Safety and security * Recreation activities e.g. sport, expeditions * Occupational risks e.g. aid work, journalism, military * Topics that will require specialist input/referral |  |  |  |  |
| B11 | Identifies where a vaccine may be indicated/contra-indicated and explains the rationale behind the decision:   * Routine vaccines for living in the UK * Recommended vaccines due to risk * Required vaccine for country entry/exit |  |  |  |  |
| **Pre-Travel Risk Assessment: Risk management** | | | | | |
| B12 | Summarises current epidemiology of infectious and non-infectious risk to facilitate consultations |  |  |  |  |
| B13 | Summarises the possible effect on any chronic diseases/ co-morbidities identified and how to manage this |  |  |  |  |
| B14 | Prioritises which risks will be discussed and structures consultation around these priorities |  |  |  |  |
| B15 | Identifies and describes non-vaccine preventable diseases and advises how to mitigate these   * Route of transmission * Incubation period * Signs and symptoms * Treatment * Prevention, including behaviour measures |  |  |  |  |
| B16 | Explains identified vaccine-preventable disease risks and the management of these which may include:   * Route of transmission * Incubation period * Signs and symptoms * Treatment * Prevention, including behaviour measures, in addition to administration of vaccine * Where there is a vaccine recommendation and/or requirement |  |  |  |  |
| B17 | Explains to the traveller the following for any vaccines that are recommended:   * Rationale * Contraindication * Risks * Efficacy * Benefits * Schedule * Costs |  |  |  |  |
| B18 | Supports the traveller to accept recommendations for vaccines through shared decision making |  |  |  |  |
| B19 | Discusses the implications of a traveller not receiving a vaccine that is indicated/contraindicated and able to document the decision outcome, even if against medical advice |  |  |  |  |
| B20 | Does not limit advice to vaccines stocked in practitioner’s clinic and discusses options with traveller on how to obtain them elsewhere when appropriate |  |  |  |  |
| B21 | Provides individualised behaviour modification advice to each traveller to maximise impact  Provides resources/signposts for travellers and is able to record this advice |  |  |  |  |
| B22 | Explores travellers’ understanding of advice and medical assistance provision when abroad |  |  |  |  |
| **Section C: Vaccines** | | | | | |
| C1 | Checks that UK National Immunisation schedule is up to date  Checks vaccine country-specific recommended and mandatory vaccines and plans vaccination schedule  Vaccines considered for travellers include:   1. Tetanus, diphtheria and polio 2. Influenza 3. Pneumococcal 4. Measles, mumps and rubella 5. Hepatitis A 6. Typhoid 7. Cholera 8. Hepatitis B 9. Rabies 10. Yellow Fever 11. Meningitis ACWY 12. Japanese Encephalitis 13. Tick Borne Encephalitis 14. BCG |  |  |  |  |
| C2 | If administering yellow fever vaccine, provides evidence of having successfully completed yellow fever training according to the national training programme of the country within which they operate. This includes:   * Use of the yellow fever checklist * Ensuring the patient reads the patient information leaflet (PIL) * Awareness of contraindications for vaccination * Ability to complete all documentation correctly |  |  |  |  |
| C3 | Provide accurately completed certification in situations where a formal certificate is required – often under International Health Regulations (IHR) e.g. yellow fever and polio and for visa requirements for pilgrims e.g. meningococcal ACWY vaccine |  |  |  |  |
| C4 | Checks for any issues with scheduling, including live vaccine scheduling and contraindications (e.g. current fever) |  |  |  |  |
| C5 | Checks the traveller understands the potential adverse events/side effects of individual vaccines, how to manage them and when to seek medical attention including use of the MHRA Yellow Card reporting of events for both them and the traveller |  |  |  |  |
| C6 | Offers and/or supplies patient information leaflet prior to administering vaccines  Obtains informed consent prior to vaccination and documents this action |  |  |  |  |
| C7 | Administers vaccines according to best practice in vaccine administration   1. Right patient 2. Right vaccine and diluent (where applicable) 3. Right to give (i.e., no contraindications) 4. Right time (including correct age and interval, and before the product expiration date) 5. Right dose 6. Right route (including correct needle gauge and length and technique) 7. Right site (including location of the midpoint of the deltoid muscle) 8. Right documentation (to ascertain what the patient has already had/needs) |  |  |  |  |
| C8 | Safely disposes of vaccines into sharps bin and demonstrates safe management of sharps bins |  |  |  |  |
| C9 | Records all vaccines administered in medical record and patient held record and, in a private travel service, ensures a method of communicating that information to the traveller’s GP |  |  |  |  |
| C10 | Utilises travellers’ scheduled vaccination revisits to reinforce travel health message |  |  |  |  |
| **Section D: Malaria** | | | | | |
| D1 | **A**wareness of risk   * Recognises the risk of malaria to individual travellers * Recognises the significance for travellers with additional risks e.g. due to medical problems including pregnancy; type of travel e.g. VFRs; age; drug interactions * Communicates risk of malaria at different destinations and the impact of such risk |  |  |  |  |
| D2 | **B**ite prevention   * Communicates the principles of effective bite prevention measures * Signposts to the availability of evidence-based products |  |  |  |  |
| D3 | **C**hemoprophylaxis   * Describes the decision-making process for identifying the appropriate options for chemoprophylactic agents applicable to the destination, duration of stay and medical history * Communicates the options for suitable malaria chemoprophylactic agents, including regimen, administration, side effects and how to obtain the selected option * Explains cost implications of chemoprophylaxis |  |  |  |  |
| D4 | **D**iagnosis   * Communicates the importance of recognising malaria symptoms. This includes the need to seek medical attention for an urgent blood examination for malaria with the result seen the same day, if unwell during travel or after return to the UK. This is particularly important in the first 3 months, but up to a year after return |  |  |  |  |
| **Section E: Post travel consultation** | | | | | |
| E1 | Recognises signs and symptoms in a returning traveller and understands the importance in reporting them  Aware of action to take if a traveller returns and reports a potential rabies risk exposure |  |  |  |  |
| **Section F: Additional Consultation Considerations** | | | | | |
| F1 | Recognises own limits of competence in relation to specialist travel and/or traveller requirements and is able to sign-post and/or refer on for further advice (e.g. mountain medicine, patients on chemotherapy) |  |  |  |  |
| **Section G: Safeguarding** | | | | | |
| G1 | Recognises understanding and importance of consent issues for under 18 year olds |  |  |  |  |
| G2 | Discusses awareness and intervention of any traveller activity which indicates risk of a safeguarding nature including:   * Forced marriage * Domestic abuse * Human trafficking * Modern slavery * Female Genital Mutilation |  |  |  |  |
| G3 | Describes organisational policy in relation to safeguarding concerns, especially routes for reporting |  |  |  |  |

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| **Section H:** Section for sign off with a statement of competency when both parties agreed this has been achieved | |
| The below named practitioner has shown appropriate knowledge, skill and competence to undertake travel health consultations safely within an agreed competency framework, as highlighted in section F1of this document. | |
| Name of practitioner: | Signature:  Date: |
| Workplace and role: | |
| Name of supervising practitioner: | Signature:  Date: |