



Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow

GOOD PRACTICE GUIDANCE FOR PROVIDING A TRAVEL HEALTH SERVICE



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW
TRAVEL MEDICINE

Important to note:

The terms travel medicine and travel health are often used interchangeably. In general within this document, when referring to a service the term 'travel health' is used and when referring to practitioners, the term 'travel medicine' is used.

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College information

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Foreword

The Faculty of Travel Medicine's mission statement is:

- To provide leadership to Travel Medicine professionals
- To support our membership through education, training, continuous professional development, examinations and assessment
- To be a leading voice on health matters related to travel in order to set the highest possible standards of health care and assure the safety of patients and travellers

Whilst acknowledging that different healthcare professions may provide similar services in travel health, albeit with variation as mandated by their professional bodies and/or Regulators, the Faculty of Travel Medicine (FTM) recommends that all travel health services should:

- Provide consistent minimum standards of care in all travel health settings (see more details in Section 4)
- Collate evidence of a minimum standard of initial training and ongoing regular CPD to ensure level of knowledge is up to date
- Ensure proactive traveller satisfaction surveillance is in operation, with a clear process for audit, feedback and quality assurance

This document sets out to define the standards of care every practitioner should achieve in their practice of Travel Medicine for the health and safety of the international traveller. Although the document contains certain UK references, it is anticipated that the standards are universal and independent of country of practice.

The document does not describe how to set up a clinic nor the basic skillsets required, but can be used as a self-assessment guide to identify key areas for continuing professional development, or continuous quality improvement, including effectiveness, efficiency and safety of the service.

This Good Practice Guidance is intended for all those providing or planning to provide travel health services, thereby improving standards of care to international travellers.



Professor Jackie Taylor
President



Jane Chiodini
Dean of the Faculty of Travel Medicine

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Introduction

The FTM considers the most important aspect of delivering travel health care is not which professional group delivers the care, but that each person doing so exceeds the minimum standard of practice and meets the health needs of the individual traveller.

The FTM of the Royal College of Physicians and Surgeons of Glasgow made recommendations in its position paper of 2014 (RCPSG 2014) that set the basis of this document. They stated that:

- The standards of medical care given to travellers before, during and after travel should be as high as those practised in every other field of medicine
- Formal training by an accredited provider should be mandatory for all health professionals offering medical advice to travellers
- The travelling public should be educated to recognise the standard of service that should be expected of providers, and how this is delivered

This document is divided into four sections, with directional guides for good practice, to enable the reader to develop a greater understanding of the complex processes that present when operating a travel health service.

Other recent documents that may be useful in the delivery of safe travel healthcare are summarised below. Whilst they are UK based documents, it is suggested that the contents of each will be of interest to other professional bodies in other countries where travel medicine is practised.

1. Recommendations for the practice of travel medicine

The FTM published *Recommendations for the practice of travel medicine* in the journal *Travel Medicine and Infectious Disease* in 2012 (Chiodini et al 2012).

This document outlined knowledge necessary to gain a qualification in travel medicine, options for identifying areas for CPD and also setting suggested standards of practice.

At the time of that publication, Female Genital Mutilation (FGM) was not a subject addressed within a travel health context, although risk of such could have been identified when undertaking a travel risk assessment. However, on 31 October 2015 in England, Wales and Northern Ireland, it became mandatory for healthcare professionals to report to the police any cases of FGM in girls under 18 that they encounter in the course of their work. In Scotland, an occurrence of FGM should always trigger child protection concerns, but the powers to prevent FGM were further strengthened in April 2020 with the passing of new legislation to create FGM Protection Orders. These orders include powers to compel individuals to give up their passport or restrict them from taking a person to a specific place where authorities believe FGM may occur.

Guidance was published by the Royal College of Nursing entitled *Female Genital Mutilation: RCN guidance for travel health services* (RCN 2020) and the FTM developed an e-learning programme *Female Genital Mutilation and pre-travel health consultations* to help travel medicine practitioners feel more confident in tackling the issues that might arise in practice.

2. Competencies: Travel health nursing: career and competence development

The publication *Royal College of Nursing Competencies: Travel health nursing: career and competence development*, 3rd Ed. (RCN 2018) is a comprehensive document outlining how to manage a consultation in Travel Medicine.

The Care Quality Commission to date, have utilised the content of the RCN document as the standard to benchmark competence for their inspection process in England.



Section 1

Service delivery - who, where and content

Travel health care is delivered in a variety of settings, but the standard should be equally high no matter where it is practised. A traveller leaflet is provided on page 51 to outline to the traveller the minimum acceptable standard that should be expected.

What levels of care are required?

The consultation should consider three discrete elements to frame the travel consultation: Before they travel, during their travel and on return, however this knowledge needs to be imparted within the pre-travel consultation.

1. Before the traveller goes away the individual will need:

- A pre-travel risk assessment, such that by the end of the consultation, the traveller is aware of the risks at their particular destination, including not only disease risks, but other risks associated with travel such as personal safety and those posed by the environment
- Assessment of their current medical conditions and medication in order to assess the impact of travel on the disease, the impact of the destination (legality of pharmaceuticals and care availability) and to ensure fitness for travel is optimised
- An approach to their risks, such that they are aware of how those risks can be managed and mitigated: taking into consideration the medical history /additional needs of the traveller, their previous travel experience, duration of travel, planned and likely activities

- A plan to complete recommended immunisation against diseases and if vaccines are not available within that particular healthcare setting, knowledge of where to go to obtain suitable care
- A plan for avoidance of arthropod-borne diseases, including but not limited to malaria, where relevant
- Advice regarding suitable travel insurance to cover their trip and likely activities

2. While away the traveller will need to know:

- The level of care likely to be available at the destination
- How required care can be accessed
- How to access their insurance company to request assistance if required

3. On return the traveller will need

- To know what symptoms to bring to the attention of primary or secondary care for appropriate assessment, care and treatment along with their travel itinerary



Section 2

Operational / facility requirements for a travel service

Required Equipment:

A minimally acceptable standard travel health service should include a consultation room which is in a confidential area, set aside from the general public, accessible to disabled individuals (GOV. UK 2013) and large enough in which to place the following equipment:

- Desk and computer with sufficient storage for traveller information (e.g. leaflets) and administrative forms
- Seating for the healthcare provider and traveller, allowing for social (physical) distancing, room/furniture disinfection and PPE in accordance with local infection control, as well as the administration of CPR should it be required
- Fully reclining clinical chair/clinical bed, particularly to use when vaccinating travellers who have a tendency to faint
- National standards for vaccine storage must be adhered to - see Resources for travel medicine practitioners for details
- Resuscitation equipment must include an anaphylaxis kit. The FTM does not consider provision of oxygen should be mandatory, but it may be desirable in some settings
- Clinical waste and sharps bins according to local infection control/waste control policy
- Handwash basin with piped (or refreshed) water supply and (liquid) soap
- Alcohol-based hand sanitiser gel
- Ambient room temperature control

Optional Factors:

- Provision of evidence-based travel products for retail (e.g. insect repellents, sun creams, first aid kits, mosquito nets, water purification)
- Display of travel clinic and/or practitioner travel health accreditation/qualifications. Accreditation may also be displayed on the clinic website
- World map and current maps of geographical distribution of common tropical and sub-tropical diseases

For details of consultation timings and documentation, see Section 3 – Assurance and Governance of Travel Health Services.



Section 3

Assurance and governance of travel medicine services

Introduction

This section discusses the main issues that require consideration to ensure high quality and safe services are provided, both from a provider organisation view and the individual travel medicine practitioner. It will not discuss regulatory authorities, as these will differ from country to country. However, where there are regulatory authorities in place, such as the Care Quality Commission (CQC) in England and Health Improvement Scotland (HIS), providers should ensure that they are familiar and comply with their guidance.

The Consultation

Optimal and effective pre-travel advice seeks to map travellers' expectations with evidence-based practice. Most travellers expect to receive travel vaccines and chemoprophylaxis. However, most (> 95%) travel-associated morbidity cannot be prevented through vaccination (Behrens and Carroll 2012). Advice on behaviour change and environmental hazards – through knowledge of non-vaccine preventable causes of morbidity – becomes a priority. These include personal and road safety, venous thromboembolism (VTE) prevention, food hygiene and mitigating pre-existing conditions such as cardiovascular disease, diabetes, mobility-related hazards and others. The importance of risk communication and education on risk prevention through behaviour (e.g. insect bite avoidance, avoidance of sexually transmitted infections, prevention of diarrhoeal diseases, drink-driving and road safety awareness) has to be balanced with the traveller's expectation of vaccines.

Pre-existing morbidity e.g. cardiovascular disorders, diabetes, are important risk factors for illness. Informed discussion on the implications of travelling with underlying health problems is pivotal for travellers to decide on their risk. Consideration also needs to be given to individuals with visual or physical additional needs and the adaptive requirements international travel may necessitate.

Any therapeutic intervention (vaccines or drugs) requires informed consent. Practitioners need to be fully aware of their regulatory bodies' definition of informed consent and how to record it.

In 2012, the RCN advised that the minimum length for an initial travel health consultation should be 20 minutes per person, with more complex consultations requiring longer. The FTM concurs with this advice. Travel medicine is a complex field of practice; the identification of risks requires a detailed assessment of 'who, why, where and when' of the intended travel, and would be difficult to achieve in less time than this.

Travellers with complex needs or itinerary can need considerably longer to cover all the issues involved and this may require more than one consultation. Greater flexibility is possible if there is more than one person at a time in the appointment such as a family or supervised school group as some of the risks will be the same/similar.

Where young children are present as part of a family consultation, facilities and strategies should be available to ensure a positive traveller experience for all age-groups, especially children, whilst maintaining smooth running of services.

The COVID-19 pandemic initiated a digital explosion in the way clinical consultations were conducted and accepted. The process of undertaking the pre-travel risk assessment and informed decision making, along with demonstration of many helpful advice resources through screen sharing technology, lends itself very well to a virtual consultation via a secure clinical system. The quality of the pre travel risk assessment needs to be maintained, regardless of the format of delivery. Optimal time will still be required for this process and if vaccinations are then recommended, the traveller should be asked to attend an appropriate clinical setting to receive them.

Record Keeping and Documentation

It is vital that adequate and appropriate information is recorded and is in accordance with the Data Protection Act. The reason for data storage should be understood by the practitioner. For example, if there is a recall on a vaccine batch number, a request for a duplicate yellow fever certificate, or an adverse event.

The system for recording should be robust, confidential and fit for purpose. Furthermore, this supports consistency and continuity where more than one practitioner is providing a service.

The clinical record should demonstrate that:

- An appropriate and thorough pre-travel risk assessment has been performed
- Risks have been identified and an appropriate management plan proposed and advice given
- Informed consent was given prior to vaccination
- Which vaccines were offered and supplied, including specific details as stated in the National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners (PHE 2018, PHS 2020) and requirements outlined in Patient Group Directions if used
- Where required, what malaria prevention advice was provided and what chemoprophylactic medicines were supplied
- What general travel advice was given – as a minimum, should include advice on accidents, individual personal medical problems and associated medication, issues of personal safety and security, environmental considerations, infectious disease risks and any risk-behaviour modification
- What written information was provided to the traveller. Any information regarding vaccines administered and malaria chemoprophylaxis advised should be shared with their primary care provider
- Where advice/vaccinations offered were rejected, the reasons why and additional advice given as a result

Legal Framework for Prescribing of Medicines in the United Kingdom

There are three ways a travel vaccine (or medicine, including chemoprophylactic drugs) can be supplied:

1. Through a Patient Group Direction (PGD)
2. Through a Patient Specific Direction (PSD)
3. By prescription, either NHS for an NHS vaccine, or via a private prescription. All medical and non-medical prescribers should only prescribe within their area of clinical competence and qualifications

Legislation passed in 2000 brought Patient Group Directions and Patient Specific Directions into existence. PGDs now fall within NICE guidance, NICE Medicines Practice Guidelines MPG2 (NICE 2017a). PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see the prescriber. These written instructions are extremely useful in a travel health setting, aiding a smooth process within the consultation. However, they take a significant amount of time and resource to develop and implement. Users must be competent in their knowledge of PGDs to be able to operate within them. Travel health advisors who come from a number of healthcare backgrounds could work within a PGD framework.

A Patient Specific Direction (PSD) is a written instruction, signed by a prescriber, for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. A PSD, signed by a qualified, registered prescriber, at a minimum should specify the following (SPS 2018):

- Name of patient/client and/or other individual patient/client identifiers
- Name, form and strength of medicine (generic or brand name where appropriate)
- Route of administration
- Dose
- Frequency
- Start and finish dates
- Name, signature and registration number of prescriber

Links to many resources for PGDs can be found in Resources for travel medicine practitioners.

It is possible to purchase PGDs online. However, the training and support available to clinicians using this method of service delivery is unregulated and should be used with caution. Good practice would see clinics develop their own PGDs, forming a supportive relationship between the Pharmacist and Senior Doctor responsible for signing them off.

All practitioners, wherever the source of their support comes from, must assure themselves that the advice and content of the PGD is current, appropriate and fit for purpose.

Some antimalarial drugs may be supplied over the counter in pharmacies, other antimalarial drugs and some antibiotics for travel related problems may be prescribed or supplied under PGDs and are available from online pharmacies. Whilst these supplies are assured in the UK under the Medicines and Healthcare Regulatory Agency (MHRA) Register requiring display of the Distance Selling logo (MHRA 2017), in resource poor settings and online, there may be many counterfeit medicines (WHO 2018). Good practice would see these potential problems highlighted to the traveller so that they can access these services more safely.

Practitioners should be fully aware and compliant with the MHRA yellow card reporting scheme (MHRA 2020).

Numerous resources on the provision of medicines can be found in Resources for travel medicine practitioners.

Governance of Travel Medicine Practitioners

All practitioners must adhere to their professional codes as identified in Table 1:

Table 1: Professional codes of practice for healthcare practitioners that most commonly provide travel health services

Doctors: Good medical practice (GMC 2019a)
As a significant proportion of travel health care is provided in a primary care setting, this duty of care is delegated to the Practice Nurse. However, under the General Medical Council code <i>Good Medical Practice</i>, the GP delegating this care must be satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care for the patient (para 45) and make sure that all staff they manage have appropriate supervision (para 40)
Pharmacists: Standards for pharmacy professionals (GPhC 2017)
- The professional standards for pharmacy were accredited by NICE in 2017, valid for 5 years. In 2019 the GPhC introduced a set of professional standards in 4 domains, 3 of which applied directly to the pharmacy professional and the pharmacy premises - The <i>Standards for Pharmacy Professionals</i> has 9 key standards relating to how safe and effective care is delivered. The premises standards reflect the need to design and create the right environment. The education standards relate to all levels of staff involved in pharmacy practice and include those standards required of independent prescribers
Nurses: The Code (NMC 2018)
- Registered nurses must follow the Code - Nursing Associates are a new professional group of nurses within the NMC and must abide by the same code. If appropriately trained in travel medicine, they could undertake travel health consultations, but at the present time they are not allowed to work within the legal framework of Patient Group Directions and therefore would need to work within a Patient Specific Direction to administer travel vaccines (RCN 2019a)
Allied healthcare professionals – an evolving group
- The Physicians Associate is a new role, with many working in primary care in England. The General Medical Council has recently agreed to regulate this professional group (GMC 2019 b). Work is in progress to develop this - Paramedics – This professional group is increasingly providing primary care services (CPara 2020) and in 2019, change in legislation allowed advanced paramedics to be able to prescribe (NHS England 2020). Paramedics are governed by the Health & Care Professions Council (HCPC 2014)

Regulatory differences in the UK

Despite there being no formal regulation of the practice of travel medicine (RCPSG 2014), increasingly there are more stringent assessments of healthcare settings where a travel health service is delivered. This currently differs between the four countries of the UK. It is important to note that due to the existence of different inspecting bodies, the inspection processes can differ between professions supplying the same service.

Inspection is now an established process in England. The following table (2) describes the work of independent regulators for doctor and nurse led services. These are very different from pharmacist led services.

Table 2: Regulation of settings where travel health is provided as a doctor or nurse led service.

England

In settings where a travel health service is doctor or nurse led in England (e.g. General Practice (GP) surgeries and private travel clinics), registration falls under the Care Quality Commission (CQC), the independent regulator of health and social care in England <https://www.cqc.org.uk/>. The CQC makes inspections, but their nature varies between the settings.

- Primary care travel health may be perceived as being peripheral to the core GP service and so form a small part of a surgery's workload. However, assessment of the quality of care in a travel health service can form a part of the assessment and grading of an individual setting. Travel health is not necessarily always selected for assessment within an inspection. However, GP surgeries should be prepared to demonstrate to the CQC inspector evidence of the capability and competence of staff who are delivering travel health, including risk assessment, resources and vaccines they use. The relevant Regulated Activity is Treatment of Disease, Disorder and Injury (CQC 2019)
- Private travel clinics are inspected on a regular basis and the CQC are now rating these providers. The rating is a useful indicator for a traveller to guide them as to where they should make an appointment

Scotland

In Scotland the independent regulator is Healthcare Improvement Scotland (HIS) where inspections are underway <http://www.healthcareimprovementscotland.org/>

The Vaccine Transformation Programme (VTP) is underway and minimum standards for delivery of travel health services will be adopted across Scotland. Practices will be monitored according to standards set out in good practice guidelines

Wales

In Wales the regulatory body is Health Inspectorate Wales (HIW) <https://hiw.org.uk/>

Northern Ireland

In Northern Ireland the provision comes from the Regulation and Quality Improvement Authority <https://www.rqia.org.uk/>

Unlike other professions, pharmacists are not inspected by the CQC in England unless they employ a doctor or nurse. Then Regulated Activity is carried out by a multi-disciplinary team that includes a listed health care professional (doctor or nurse).

Regulation and inspection of pharmacists and pharmacies providing travel health services fall within the remit of the General Pharmaceutical Council (GPhC 2019) and the pharmacy consultation room must adhere to Principle 3 of the GPhC's Standards for registered pharmacies (GPhC 2018).

The standards for development of professional knowledge and skills are part of the core standards for pharmacy professionals.

The GPhC does not currently focus on a quality of care for standards in training or provision of care for the individual travel health adviser and therefore has no means of assessing or evaluating the traveller experience.

SEQOHS (Safe, Effective, Quality Occupational Health Services) accreditation is awarded by the Royal College of Physicians of London on behalf of the Faculty of Occupational Medicine.

Travel health services are often provided within an occupational health setting. Occupational health services can apply for SEQOHS accreditation (SEQOHS 2020).

Summary

Uniformity in the standard of regulator assessment

The Faculty of Travel Medicine recommends that there should be a common standard of inspections of travel medicine providers, both between the professions and the four countries of the UK. Regulatory authorities should ensure consistency of inspections, using assessors knowledgeable and competent in travel health to ensure equity and integrity of the assessment process.



Section 4

Recommendations for the practice of travel medicine

Introduction

Travel Health practitioners may come from an expanding number of professions - doctors, nurses, pharmacists to name a few, but regardless of profession, the minimum standard of practice should be the same. There are essential competencies that a practitioner should evidence before they see travellers unsupervised, but practitioners undertaking more complex consultations will also require further study, once initial competence is established.

A travel health consultation is complex and involves the use of many skills - individualised risk assessment, explanation of those risks to travellers, provision of tailored knowledge regarding prevention of illness or accident/injury, administration of vaccines, prescription of appropriate medicines etc.

The traditional models of travel medicine provision are changing. Although England has decided to keep the NHS provision of the service within general practice, it has been removed from the GP contract in Scotland under the Vaccine Transformation Project (PHS 2020).

New models may be utilised in the future and this could include the separation of the risk assessment from the provision of travel vaccinations and medication. Virtual consultations for aspects of a pre-travel consultation may well become desirable. Despite these changes, travel health practitioners must still ensure that they operate within the competencies for their defined role.

There are also potential plans for community pharmacies to undertake some of the NHS travel immunisation workload. (RCPSG 2020).

The FTM recognises there are many models of practice being undertaken. The important aspect is that the individual involved is appropriately trained for the role they are undertaking.

In the opinion of the FTM, all healthcare practitioners who provide travel health services must:

1. Provide evidence of the completion of immunisation training, in line with the National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners (PHE 2018, PHS 2020)
2. If new to Travel Medicine, must provide evidence of formal training in the subject (see Appendix C)
3. Must provide on-going evidence of competence in travel medicine practice – see Appendix B for Competency assessment tool as an example
4. Provide evidence of annual cardiopulmonary resuscitation (CPR) training, demonstrating competent basic life support skills and annual anaphylaxis training
5. Provide evidence that clinical staff are trained to safeguarding level 3 if seeing child travellers (RCN 2019b) and otherwise level 2 as outlined in the Intercollegiate document, *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff*. All other staff in a travel clinic setting e.g. administration, receptionists, need to be trained to level 2
6. Provide evidence of training on those aspects of female genital mutilation (FGM) specific to the context of travel health (RCPSG 2018)

7. Practitioners administering yellow fever vaccine must demonstrate how they meet the standard required for administration of yellow fever vaccine and comply with national regulations as a Yellow Fever Vaccination Centre under the administration of the National Travel Health Network and Centre in England, Wales and Northern Ireland and under Public Health Scotland in Scotland
8. Any practitioner that supplies or administers prescription only medicines (POMs) under a PGD must comply with the **NICE Competency framework: For health professionals using Patient Group Directions** (NICE 2017b)

Specific knowledge and training in travel medicine

Essential training:

Theoretical knowledge: all those practicing travel medicine should undertake an initial training course. The length of this training should equate to a minimum of two days. Appendix C shows the topics that should be included in this training as standard. It is recommended that the course trainer should have a recognised qualification in travel medicine.

Work-based learning, including supervised practice, is essential for practitioners new to Travel Medicine to develop their clinical skills. The length of supervised practice will depend on each individual, but should be long enough to ensure they do not begin unsupervised travel health consultations until they have been assessed as competent by someone who is competent. To facilitate work-based learning and to support governance arrangements within workplaces, the FTM has developed a tool specifically to aid work-based learning for a new practitioner working towards unsupervised practice. This tool can also be used to identify areas for maintaining practice and CPD (Appendix B).

Completion of essential training and assessment as competent enables practitioners to begin to deliver travel health services. Further training and CPD will be essential for travel medicine practitioners.

Further training:

Practitioners undertaking more complex travel consultations will require greater study once essential training/competence is achieved.

A useful tool to guide self-assessment and to identify areas for learning is the *Recommendations for the Practice of Travel Medicine* in the journal *Travel Medicine and Infectious Disease* (Chiodini et al 2012) which details 31 topics; the majority of which are linked/cross referenced to the syllabus for Membership of the FTM. For each of these topics, the document explains the

- Standards of practice
- Measurable outcomes
- Practitioner knowledge, understanding and skills
- Attitudes and behaviour

To access this document:

Recommendations for the Practice of Travel Medicine

<https://www.sciencedirect.com/science/article/pii/S1477893912000671>

Please note, at the time of publication, FGM was not a subject addressed in travel health practice, but should be included now. Resources for travel medicine practitioners at the end of this document has also updated some of the resources from the original publication.

Continuous Professional Development

Travel Medicine is a rapidly evolving specialty. New diseases emerge. In addition, known disease epidemiology, and the impact of non-disease factors on the morbidity and mortality of travellers are constantly changing.

Travel health practitioners must maintain their skills and knowledge in order to deliver a safe and effective service. Although the competency tool has been developed with the new practitioner in mind, it can also form the basis of a learning needs assessment for the established practitioner to identify areas for further development.

For all professional groups, it is essential to keep up to date for all aspects of their scope of practice. As well as targeted learning for specific diseases/destinations, general options for the travel health practitioner include:

- Subscribing to the government websites and social media streams (e.g. TravelHealthPro and/or TRAVAX, FCO, ECDC, CDC, WHO) for published updates in all aspects of travel advice from these centres
- Reading published papers from peer reviewed journals including Travel Medicine and Infectious Disease and the Journal of Travel Medicine (see Resources for travel medicine practitioners)
- Undertaking travel medicine related e-learning, online courses, and webinars
- Attending travel medicine related conferences and training update sessions
- Engaging in activities of international societies and conferences (see Resources for travel medicine practitioners)
- Active membership of a professional body in Travel Medicine and engaging in their travel medicine activity where possible. Consider joining the Faculty of Travel Medicine

Practitioners should record all evidence of their learning from these activities. Please note, certificates of attendance are a useful record, but do not demonstrate learning, so reflective practice documentation is recommended. The amount and style of reflection is governed by individual regulatory bodies and specialist colleges.

Appendix A

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Appendix B

Competency Assessment Tool for Travel Health Practitioners

Introduction

The competency assessment tool is a framework for practitioners who are new to, or returning to, travel medicine practice. The tool is designed to support work-based learning and facilitate supervision in the workplace with the final goal of the practitioner being signed off as competent to provide pre travel consultations unsupervised.

It is recognised that sometimes individuals new to Travel Medicine may undertake clinical work that extends beyond the competency framework. However, the competency tool should support the essential skills in practice and any additional competencies necessary can be developed locally.

How to use the tool

The tool is designed to be used in the way that suits each learner and the role they are working in. It includes space for self-reflection, supervising practitioner assessment and action notes with supporting evidence held separately. It is envisaged that the document will primarily be used electronically as an ongoing 'living' tool. Therefore, it was designed in Microsoft Word document format and a standalone version of Appendix B can be downloaded from rcp.sg/tmguidance3.

What does self-reflection on practice mean and how should it be done?

It is essential the practitioner feels sufficiently knowledgeable to undertake unsupervised travel health consultations. It is recommended that the individual works through the table below to consider whether or not they feel this competence has been reached. A record of self-reflection should be kept.

Self-reflection can be undertaken at any point prior to or during work-based learning. It provides an opportunity for practitioners to identify areas where they feel confident or conversely, identify topics/skills that require further reading or practice.

Who can supervise work-based learning and sign off the competency framework?

It is the responsibility of each workplace/ organisation to ensure that practitioners new to travel medicine practice have access to supervised practice. For the purposes of this document, the term 'supervising practitioner' will be used. It is essential for this role, that they have good, up to date knowledge of Travel Medicine with evidence of clinical practice in this specialist area.

The supervising practitioner should work through the tool with the practitioner, utilising any case-based self-reflection to guide work-based learning. Any competency statements that are not relevant to the role should be recorded as such by the supervising practitioner.

It is not good practice for new practitioners to undertake pre-travel consultations without completing appropriate workplace learning and competency sign off. If there is no appropriate supervising practitioner in the learner's workplace, it will not be possible to confirm competence in travel health unless the learner seeks support outside their individual workplace.

Evidence of competence

Once the practitioner has been assessed as competent, at the agreed level, they and their supervising practitioner should sign the tool and these records should be retained by the practitioner and their employer to meet the standards set out in Part 4 of this document.

Competency Assessment Tool for Travel Health Practitioners

INSTRUCTIONS FOR USE		Not applicable to current role	Self-reflection	Supervising practitioner	Action plan
- 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			Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	As agreed with supervising practitioner
Section A: Knowledge					
A1	Provides evidence that Foundation immunisation training including competency assessment has been undertaken as per <i>The National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners</i>				
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 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				

Competency Assessment Tool for Travel Health Practitioners					
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- 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			Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	As agreed with supervising practitioner
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				

Competency Assessment Tool for Travel Health Practitioners					
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B2	Demonstrates good communication skills: - Puts traveller at ease, establishes rapport - Utilises a range of communication methods / tools - Allows time for traveller 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				

Competency Assessment Tool for Travel Health Practitioners					
INSTRUCTIONS FOR USE		Not applicable to current role	Self-reflection	Supervising practitioner	Action plan
- 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			Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	As agreed with supervising practitioner
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				

Competency Assessment Tool for Travel Health Practitioners

INSTRUCTIONS FOR USE		Not applicable to current role	Self-reflection	Supervising practitioner	Action plan
- 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			Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	As agreed with supervising practitioner
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				

Competency Assessment Tool for Travel Health Practitioners					
INSTRUCTIONS FOR USE		Not applicable to current role	Self-reflection	Supervising practitioner	Action plan
- 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			Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	As agreed with supervising practitioner
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 - Contraindications - 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				

Competency Assessment Tool for Travel Health Practitioners

INSTRUCTIONS FOR USE		Not applicable to current role	Self-reflection	Supervising practitioner	Action plan
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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: - Tetanus, diphtheria and polio - Influenza - Pneumococcal - Measles, mumps and rubella - Hepatitis A - Typhoid - Cholera - Hepatitis B - Rabies - Yellow Fever - Meningitis ACWY - Japanese Encephalitis - Tick Borne Encephalitis - BCG				

Competency Assessment Tool for Travel Health Practitioners					
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- 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			Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	As agreed with supervising practitioner
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				

Competency Assessment Tool for Travel Health Practitioners					
INSTRUCTIONS FOR USE		Not applicable to current role	Self-reflection	Supervising practitioner	Action plan
- 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			Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	As agreed with supervising practitioner
C7	Administers vaccines according to best practice in vaccine administration - Right patient - Right vaccine and diluent (where applicable) - Right to give (i.e. no contraindications) - Right time (including correct age and interval, and before the product expiration date) - Right dose - Right route (including correct needle gauge and length and technique) - Right site (including location of the midpoint of the deltoid muscle) - 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				

Competency Assessment Tool for Travel Health Practitioners					
INSTRUCTIONS FOR USE		Not applicable to current role	Self-reflection	Supervising practitioner	Action plan
- 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			Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	As agreed with supervising practitioner
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				

Competency Assessment Tool for Travel Health Practitioners					
INSTRUCTIONS FOR USE		Not applicable to current role	Self-reflection	Supervising practitioner	Action plan
- 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			Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	As agreed with supervising practitioner
D4	Diagnosis 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				

Competency Assessment Tool for Travel Health Practitioners					
INSTRUCTIONS FOR USE		Not applicable to current role	Self-reflection	Supervising practitioner	Action plan
- 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			Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	Record: Met (M) or Needs Further Development (NFD) (Also, initial & date)	As agreed with supervising practitioner
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				

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 F1 of this document.	
Name of practitioner:	Signature: Date:
Workplace and role:	
Name of supervising practitioner:	Signature: Date:

Appendix C

Training requirements in travel medicine

Introduction

This section addresses the levels of training the Faculty of Travel Medicine considers essential to good practice. The FTM have recommended that all those practising travel medicine should undertake training appropriate to their level. Please note, this section is written from a UK practitioner perspective, but many aspects could be adapted for other countries where travel medicine is practised.

Essential training

Essential travel medicine training courses must aim to provide learners with knowledge which will position them to begin their career in delivering travel health services. The importance of work-based learning and sign off evidencing competence should be integrated into the course. (see Appendix B)

Essential travel medicine courses should aim to provide the equivalent of two days' face to face teaching time with all the topics below incorporated into the training. Teaching and learning activities that encourage active participation and link theory to practice are particularly encouraged. Examples are small group or partner work on scenarios or accessing travel health web-based resources live.

Training providers (who are recommended to have a recognised qualification in travel medicine), are encouraged to develop learning outcomes for their programme of work. These should be focused on knowledge and comprehension of topics with consideration given to how knowledge is applied in practice. The topic framework can support course design for trainers but also assessment of the quality of courses by delegates. When access to face to face training may not be possible, e-learning or blended learning can also be benchmarked against this framework of topics.

Foundation immunisation training must also be completed by all immunisers and travel medicine essential training should dovetail with this. Full details of the training recommendations are in the National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners (2018) and for those practising in Scotland from Promoting Effective Immunisation Practice, Guide for Students, Facilitators and their Employers (2017).

Framework of topics for inclusion in essential training

1

Travel medicine practice:

- Overview of Travel Medicine
- How services are organised including NHS/private provisions
- Standards for practice
- What a consultation should aim to achieve

Travel Medicine Resources (see Resources for travel medicine practitioners for more details)

- How to access them
- How to use them
- The importance of contemporary information

Framework of topics for inclusion in essential training

2

Pre-travel risk assessment - Overview

- Explore the importance of risk assessment in a pre-travel consultation and how a consultation may be structured
- Provide an overview of the stages within this
- Tools to support practice
- Challenges that may be experienced in practice
- Risk perception and risk communication
- Documentation

Pre-travel risk assessment - stage 1 gathering information

- Explore all the information needed about each traveller and about the planned trip and why these are collated
- Consider how data are recorded systematically to support good practice
- Expectations of the traveller in relation to a consultation and their planned travel

Pre-travel risk assessment - stage 2 evaluate and quantify health risks

- Identification of health risks: e.g. traveller related health and additional needs, planned activities, vaccine-preventable and non-vaccine preventable diseases
- Identification of safety and security risks from the information gathered
- The impact of geographical locations on risk assessment and tools to support this
- Utilise on-line travel health guidance to support the identification of risks (see topic 3 below)
- Discuss special risk groups which are important in travel medicine, such as those travelling as VFRs, or mass gatherings or individuals for the purpose of FGM

Pre travel risk assessment - stage 3 provide tailored advice

- How to prioritise risk messaging within a consultation
- Referral to additional sources of advice/web-based resources
- Communication skills including addressing literacy or language barriers
- How budgets impact decision making

3

Clinical Travel Health Advice Resources

Specific to the country where travel medicine is practised within the UK. This would usually be either TravelHealthPro or TRAVAX

- Which resource to use and how to access this
- What is available at that resource
- Focus on utilising the country specific guidance - case studies of travellers may be a good teaching tool
- How the resource is used live during a pre-travel consult
- How to use the resource to complete stage 2 of a pre-travel risk assessment
- Identify the further support available to practitioner

Framework of topics for inclusion in essential training

4 Risk of travel associated morbidity

- Awareness that most (> 95%) travel-associated morbidity cannot be prevented through vaccination
- Advice on behaviour change and environmental hazards, including personal and road safety, Venous thromboembolism (VTE) prevention, food hygiene and mitigating pre-existing conditions such as cardiovascular disease, diabetes, mobility-related hazards and others
- Risk communication on prevention e.g. insects bite avoidance, sexually transmitted infections, diarrhoeal diseases, drink-driving and road safety awareness etc.
- Impact of travel on pre-existing morbidity e.g. immunosuppression, cardiovascular disorders, diabetes, visual and physical disorders

5 Risk of the non vaccine-preventable diseases

Basic knowledge to describe their transmission, incubation, symptoms, treatment and prevention to include:

- Travellers' diarrhoea
- Malaria
- Dengue
- Zika virus
- Chikungunya
- Schistosomiasis
- MERS-CoV
- COVID-19
- New or emerging infections causing local or wider epidemics

Framework of topics for inclusion in essential training

6 Risk of vaccine-preventable diseases

- The importance of having a clear understanding of vaccine-preventable disease to inform the risk assessment
- How to refer to further services for vaccines that are indicated but not available in current workplace
- Vaccine-preventable diseases: route of transmission and methods of prevention, incubation time, symptoms, treatment, UK and international epidemiology
- Vaccine: type of vaccine, schedule, route of administration, efficacy, side effects, timeliness prior to travel, completion of courses, vaccine intervals, contraindications and precautions
- Indications for vaccination based on risk assessment and how to recommend
- Being conversant in explaining vaccine-preventable risks and mitigation of these to travellers
- How to evolve this learning in the workplace

This should include the NHS travel vaccines:

- Cholera
- Hepatitis A
- Tetanus, polio and diphtheria
- Typhoid
- Also consider BCG, influenza, MMR and pneumococcal

And those that are usually provided privately

- Hepatitis B
- Japanese encephalitis
- Meningococcal disease (ACWY)
- Rabies
- Tick borne encephalitis
- Yellow fever

Note: New vaccines will be added to this list in the future and the trainer should be aware of pipeline developments through their own personal CPD.

7 Malaria

- Overview of malaria from a global viewpoint and UK perspective
- Traveller and travel factors that affect risk
- Knowledge of the UK Malaria Guidelines which must include:
 - Awareness of risk
 - Bite prevention
 - Chemoprophylaxis
 - Diagnosis
 - Special factors that affect recommendations for higher risk travel and travellers

Framework of topics for inclusion in essential training

8 Pre-travel risk assessment - Overview

- Accident prevention, personal safety and security
- Safe food, water and personal hygiene protection measures
- Management of travellers' diarrhoea
- Prevention of disease spread by close association and droplet infection
- Prevention of blood-borne and sexually transmitted infections
- General insect and tick bite prevention advice, to include personal protection (use of approved repellents, clothing) and the environment (breeding areas, use of bednets, vapourisers, screened accommodation, air conditioning etc.)
- Prevention of animal bites, particularly rabies, to include essential wound management
- Prevention of sun and heat complications
- Importance of travel insurance, including potential repatriation
- Travellers visiting friends and relatives (VFRs)
- Advice specific to travellers with additional needs, lesbian, gay, bisexual, transgender, and questioning or queer (LGBTQ) travellers, those travelling for medical tourism
- Awareness of specialist topics such as high altitude travel, diving risks, aviation medicine, particular medical conditions (e.g. HIV, immunosuppression)

9 Communication skills to support dialogue

- Eliciting information from travellers
- Tailoring travel health advice to the individual traveller
- How to establish understanding
- Dealing with sensitive topics
- Prioritising appropriately in situations where departure date or financial budget does not allow the optimal recommendations
- Risk perception for both the traveller and the practitioner

10 Travellers with additional needs

- Types of travellers with more complex needs
- When and where to signpost/refer
- How to access further training on this



Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow

RESOURCES FOR TRAVEL MEDICINE PRACTITIONERS



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW
TRAVEL MEDICINE

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Please note: some resources may be repeated in certain sections when the subject material is relevant to both topics. To access a weblink in a new browser window, remember to press the Ctrl key then the chosen link.

The content lists of resources are not exhaustive.

All travel medicine practitioners should be aware of and utilise a combination of these resources for their clinical practice and own continuing professional development. Some resources may be country specific.

1. UK specific key guidance / resources for travel medicine practitioners

- **British National Formulary (BNF)**
<https://www.bnf.org/> and BNF apps <https://www.bnf.org/products/bnfbnfcapp/>
- **Department of Health. Immunisation Against Infectious Disease (known as the Green Book)**
www.dh.gov.uk/greenbook
- **Electronic Medicines Compendium (EMC)**
<https://www.medicines.org.uk/emc>
- **Medicines and Healthcare Regulatory products Agency**
<https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency> including the MHRA yellow card scheme <https://yellowcard.mhra.gov.uk/>
- **National Institute for Health and Care Excellence (NICE) Clinical Knowledge Summaries (CKS) Immunizations – travel**
<https://cks.nice.org.uk/immunizations-travel>
- **National Travel Health Network and Centre**
<https://travelhealthpro.org.uk/> and <https://nathnac.net/>
- **NHS Choices**
<https://www.nhs.uk/conditions/travel-vaccinations/>
- **Public Health England (PHE) Advisory Committee on Malaria Prevention (ACMP) Guidelines for Malaria Prevention in UK Travellers**
<https://www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk>
- **Public Health England (PHE) Malaria Reference Laboratory**
<https://www.gov.uk/government/collections/malaria-reference-laboratory-mrl>
- **Public Health Scotland Travel and International Health Unit**
<https://www.hps.scot.nhs.uk/a-to-z-of-topics/travellers-health/> and www.travax.nhs.uk
- **Resuscitation Council UK**
<https://www.resus.org.uk/>
- **Royal College of Nursing: Female genital mutilation: RCN guidance for travel health services**
<https://www.rcn.org.uk/professional-development/publications/rcn-fgm-travel-health-pub-009375>
- **Royal College of Nursing: Travel Health Nursing: Career and Competence Development**
<https://www.rcn.org.uk/professional-development/publications/pdf-006506>
- **Royal College of Nursing Intercollegiate document: Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff**
<https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/january/007-366.pdf>
- **Royal College of Physicians and Surgeons of Glasgow: Faculty of Travel Medicine 'Good Practice Guidance for Providing a Travel Health Service '**
rcp.sg/tmguidance2

- **Royal College of Physicians and Surgeons of Glasgow: Faculty of Travel Medicine, Female Genital Mutilation - eLearning module**
<https://rcpsg.ac.uk/college/this-is-what-we-stand-for/female-genital-mutilation>
- **Travel Medicine and Infectious Diseases. Faculty of Travel Medicine 'Recommendations for the Practice of Travel Medicine'**
<https://www.sciencedirect.com/science/article/pii/S1477893912000671?via%3Dihub>

Keeping up to date in UK practice

- **NaTHNaC Updates**
<https://travelhealthpro.org.uk/latest-news> and subscribe to the e mail alerts found on the home page <https://travelhealthpro.org.uk/>
- **TRAVAX updates (subscription may be required)**
<https://www.travax.nhs.uk/news/> and subscribe to e mail alerts via account
- **Vaccine Update from Public Health England (monthly publication on all vaccine topics)**
<https://www.gov.uk/government/collections/vaccine-update>
- See social media in section 9 for suggestions of further ways to keep up to date

2. International specific key guidance / resources for travel medicine practitioners

- **Canadian Information for Travel Health Professionals**
<https://www.canada.ca/en/public-health/services/travel-health/information-travel-health-professionals.html>
- **European Centre for Disease Control and Prevention**
<http://ecdc.europa.eu/en/Pages/home.aspx>
- **US Centers for Disease and Control and Prevention**
<https://wwwnc.cdc.gov/travel/>
- **World Health Organization**
<https://www.who.int/ith/en/>
- **WHO International Health Regulations**
<https://www.who.int/ihr/publications/9789241596664/en/>

Specific topic resources

- **WHO Global road safety**
<https://www.who.int/news-room/facts-in-pictures/detail/road-safety>
- **WHO Factsheets**
<https://www.who.int/news-room/fact-sheets>
- **WHO World Malaria Report**
https://www.who.int/malaria/publications/world_malaria_report/en/

Disease surveillance centres and resources

- **Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report (MMWR)**
<https://www.cdc.gov/mmwr/index.html>
- **European Centre for Disease Control and Prevention**
<http://atlas.ecdc.europa.eu/public/index.aspx>
- **TRAVAX outbreaks index**
<https://www.travax.nhs.uk/outbreaks-index/> (password may be required to access)
- **TravelHealthPro outbreaks**
<https://travelhealthpro.org.uk/outbreaks>
- **World Health Organization Weekly Epidemiological Record (WER)**
<https://www.who.int/wer/en/>

3. Regulators for UK healthcare professionals and their continuing professional development (CPD) schemes

- **Doctors**
<https://www.gmc-uk.org/> and <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/continuing-professional-development>
- **Nurses**
<https://www.nmc.org.uk/> and <http://revalidation.nmc.org.uk/what-you-need-to-do/continuing-professional-development.html>
- **Pharmacists**
<https://www.pharmacyregulation.org/> and <https://www.pharmacyregulation.org/revalidation>

4. Regulators for inspections of travel clinics or work environments

- **Care Quality Commission (CQC) for England**
<https://www.cqc.org.uk>
- **Health Improvement Scotland (HIS)**
<http://www.healthcareimprovementscotland.org/>
- **Healthcare Inspectorate Wales (HIW)**
<https://hiw.org.uk/>
- **The Regulation and Quality Improvement Authority (RQIA)**
<https://www.rqia.org.uk/>
- **General Pharmaceutical Council (GPhC). Standards for registered pharmacies**
<https://www.pharmacyregulation.org/inspections/our-approach-inspections>
- **Faculty of Occupational Medicine (FOM) Safe Effective Quality Occupational Health Services (SEQOHS)**
<https://www.seqohs.org/>

5. Key Documents for travel medicine specific guidance in practice

- **Health Protection Scotland and NHS Education for Health Promoting Effective Immunisation Practice. Guide for Students, Facilitators and their Employers**
<https://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/immunisation/promoting-effective-immunisation-practice.aspx>
- **Public Health England Immunisation training standards for healthcare practitioners**
<https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners>
- **Royal College of Nursing: Travel Health Nursing: Career and Competence Development**
<https://www.rcn.org.uk/professional-development/publications/pdf-006506>
- **Royal College of Physicians and Surgeons of Glasgow: Faculty of Travel Medicine 'Good Practice Guidance for Providing a Travel Health Service '**
rcp.sg/tmguidance2
- **Royal College of Physicians and Surgeons of Glasgow: Faculty of Travel Medicine, Female Genital Mutilation - eLearning module**
<https://rcpsg.ac.uk/college/this-is-what-we-stand-for/female-genital-mutilation>
- **Travel Medicine and Infectious Diseases. Faculty of Travel Medicine 'Recommendations for the Practice of Travel Medicine'**
<https://www.sciencedirect.com/science/article/pii/S1477893912000671?via%3Dihub>

6. Resources to identify further training

- **Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow, courses, events and e learning found at**
<https://rcpsg.ac.uk/travel-medicine/home>
- **International Society of Travel Medicine Certificate of Knowledge™**
<https://www.istm.org/certificateofknowledge>
- **TravelHealthPro from NaTHNaC list of educational events**
<https://travelhealthpro.org.uk/factsheet/24/educational-events>
- **TRAVAX Courses**
<https://www.travax.nhs.uk/resources/courses/> and Conferences <https://www.travax.nhs.uk/resources/conferences/> (password may be required to access)

7. Travel Medicine Organisations / Associations

- **American Travel Health Nurses Association – ATHNA**
<http://www.athna.com/>
- **BGTHA British Global Travel Health Association -**
<https://www.bgtha.org/>
- **Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow**
<https://rcpsg.ac.uk/travel-medicine/home>

- **International Society of Travel Medicine (ISTM)**
<https://www.istm.org/>
- **Royal College of Nursing (RCN) Public Health Forum**
<https://www.rcn.org.uk/clinical-topics/public-health/travel-health>
- **The Australasian College of Tropical Medicine, Faculty of Travel Medicine**
<https://www.tropmed.org/faculty-of-travel-medicine/>
- **The South African Society of Travel medicine (SASTM)**
<https://www.sastm.org.za/about-sastm>

8. Journals and books in travel medicine (all now accessible electronically)

- **CDC Yellow Book**
wwwnc.cdc.gov/travel/page/yellowbook-home/
- **Emporiatics, the educational hub of the Faculty of Travel medicine**
<https://rcpsg.ac.uk/college/this-is-what-we-stand-for/emporiatics>
- **Principles and Practice of Travel Medicine, 2nd Edition (2013) Editor Jane N Zuckerman**
<https://onlinelibrary.wiley.com/doi/book/10.1002/9781118392058>
- **The Journal of Travel Medicine**
<https://academic.oup.com/jtm>
- **Travel Medicine and Infectious Disease – The official journal of the Faculty of Travel Medicine**
<https://www.sciencedirect.com/journal/travel-medicine-and-infectious-disease>
- **Travel Medicine, 4th Edition (2019) by Jay S. Keystone, Phyllis E. Kozarsky, Bradley A. Connor, Hans D. Nothdurft, Marc Mendelson and Karin Leder**
<https://www.elsevier.com/books/travel-medicine/keystone/978-0-323-54696-6>
- **Travellers' Health How to stay health abroad 5th Edition (2012) – edited by Richard Dawood**
<https://global.oup.com/academic/product/travellers-health-9780199214167?cc=ro&lang=en&>

9. Maps, infographics and technology

- **Maps for political situation in countries from the Foreign and Commonwealth Office**
<https://www.gov.uk/foreign-travel-advice>
- **WHO Map gallery**
https://www.who.int/gho/map_gallery/en/ and links to other maps at <https://www.who.int/csr/resources/maps/en/>
- **CDC Travelers' Health list of maps**
<https://wwwnc.cdc.gov/travel/yellowbook/2020/list/maps>
- **The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) World maps on sexual orientation laws**
<https://ilga.org/maps-sexual-orientation-laws>
- **WHO infographics**
<https://www.who.int/mediacentre/infographic/en/>

- **CDC infographics**
<https://wwwnc.cdc.gov/travel/page/infographics-travelers>

Social media and apps

The following organisations are on Twitter, FaceBook, Instagram, LinkedIn. Some are also on Vimeo and YouTube – link directly to these sources from their websites, usually found at the bottom of the home page and some have specific apps.

- **Centers for Disease Control and Prevention**
<https://wwwnc.cdc.gov/travel/>
- **European Centre for Disease Prevention and Control**
<https://www.ecdc.europa.eu/en>
- **National Travel Health Network and Centre**
<https://nathnac.net/>
- **World Health Organization**
<https://www.who.int/health-topics/travel-and-health>
- **WHO World Malaria Report App**
<https://www.who.int/malaria/publications/world-malaria-report/app/en/>
- **WHO Zika App**
<https://www.who.int/risk-communication/zika-virus/app/en/>
- **WHO Info: Smart phone app for global health**
<https://www.who.int/mediacentre/multimedia/app/en/>
- **CDC Mobile App**
<https://www.cdc.gov/mobile/applications/cdcgeneral/promos/cdcmobileapp.html> and <https://wwwnc.cdc.gov/travel/page/apps-about>
- **WHO YouTube channel**
<https://www.youtube.com/channel/UC07-dOwgza1IguKA86jqxNA>

10. Prescribing Resources

- **BMA Patient Group and Patient Specific Directions – scroll down to the bottom of this website page for the full guidance**
<https://www.bma.org.uk/advice-and-support/gp-practices/prescribing/patient-group-and-patient-specific-directions>
- **CQC (Regulator for England) Mythbusters: Nigel's surgery 19: Patient Group Directions (PGDs) / Patient Specific Directions (PSDs)**
<https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-19-patient-group-directions-pgds-patient-specific-directions>
- **NICE Patient group directions. Medicines practice guideline [MPG2]**
<https://www.nice.org.uk/guidance/MPG2>
- **NICE Patient group directions. Tools and resources including Competency framework: For health professionals using Patient Group Directions**
<https://www.nice.org.uk/guidance/mpg2/resources>

- **Public Health England: Immunisation patient group direction (PGD) template**
<https://www.gov.uk/government/collections/immunisation-patient-group-direction-pgd>
- **Royal Pharmaceutical Society. A Competency Framework for all Prescribers**
<https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>
- **Royal Pharmaceutical Society. Professional guidance on the safe and secure handling of medicines**
<https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines>
- **Specialist Pharmacy Service – to PGD or not PGD? - that is the question**
<https://www.sps.nhs.uk/articles/to-pgd-or-not-to-pgd-that-is-the-question/>
- **Specialist Pharmacy Service - Retaining PGD documentation**
<https://www.sps.nhs.uk/articles/retaining-pgd-documentation/>
- **Specialist Pharmacy Service – Questions about Patient Specific Directions (PSD)**
<https://www.sps.nhs.uk/articles/patient-specific-directions-qa/>
- **The Human Medicines Regulation 2012**
<http://www.legislation.gov.uk/ukxi/2012/1916/contents/made>

11. Medicine resources

- **British National Formulary (BNF)**
<https://www.bnf.org/> and BNF apps <https://www.bnf.org/products/bnfbnfcapp/>
- **Department of Health. Immunisation Against Infectious Disease (known as the Green Book)**
www.dh.gov.uk/greenbook
- **Electronic Medicines Compendium (emc)**
<https://www.medicines.org.uk/emc>
- **Medicines and Healthcare Regulatory products Agency**
<https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency> including the MHRA yellow card scheme <https://yellowcard.mhra.gov.uk/>
- **University of Liverpool HIV drug interactions**
<https://www.hiv-druginteractions.org/>

12. Immunisation resources

UK resources

- **Health Protection Scotland and NHS Education for Health Promoting Effective Immunisation Practice. Guide for Students, Facilitators and their Employers**
<https://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/immunisation/promoting-effective-immunisation-practice.aspx>
- **Public Health England Health protection training collection – immunisation training for healthcare professionals**
<https://www.gov.uk/government/collections/health-protection-training>
- **Public Health England Immunisation training standards for healthcare practitioners**
<https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners>
- **Health Education England e-LfH Immunisation training (free of charge)**
<https://www.e-lfh.org.uk/programmes/immunisation/>
- **NHS Education for Health Promoting Effective Immunisation Practice. Guide for Students, Facilitators and their Employers**
<https://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/immunisation/promoting-effective-immunisation-practice.aspx>
- **Oxford Vaccine Group (including Vaccine Knowledge Project)**
<https://www.ovg.ox.ac.uk> and <http://vk.ovg.ox.ac.uk/>
- **Yellow card scheme from the Medicines and Healthcare products Regulatory Agency (MHRA)**
<https://yellowcard.mhra.gov.uk/>

International resources

- **Australian Government Department of Health: Australian Immunisation Handbook**
<https://immunisationhandbook.health.gov.au/>
- **Centers for Disease Control and Prevention: Epidemiology and Prevention of Vaccine-Preventable Diseases (The Pink Book)**
<https://www.cdc.gov/vaccines/pubs/pinkbook/chapters.html>
- **Government of Canada: Canadian Immunization Guide**
<https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>

Yellow fever specific

- **NaTHNaC yellow fever zone**
<https://nathnacyfzone.org.uk/>
- **Public Health Scotland**
<https://www.hps.scot.nhs.uk/a-to-z-of-topics/yellow-fever-vaccination-centres/>
- **Australian Government training requirements**
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-bio-yellow-fever.htm>
- **CDC yellow fever training**
<https://wwwnc.cdc.gov/travel/page/yellow-fever-vaccine-course>

13. Vaccine storage, distribution and management of vaccines

UK resources

- **Care Quality Commission Mythbusters Nigel's surgery 17: Vaccine storage and fridges in GP practices**
<https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-17-vaccine-storage-fridges-gp-practices>
- **Health Protection Scotland: Guidance on Vaccine Storage and Handling v 3.0**
<https://www.hps.scot.nhs.uk/web-resources-container/guidance-on-vaccine-storage-and-handling/>
- **Public Health England Protocol for ordering, storing and handling vaccines**
<https://www.gov.uk/government/publications/protocol-for-ordering-storing-and-handling-vaccines>
- **Public Health England: Storage, distribution and disposal of vaccines: the green book, chapter 3**
<https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3>
- **Public Health England Vaccine incident guidance: Actions to take in response to vaccine errors**
<https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors>
- **Public Health England Collection of leaflets e.g. Vaccines stored outside the recommended temperature range**
<https://www.gov.uk/government/collections/immunisation#vaccine-handling-and-protocols>

International resources

- **Australian Government - National Vaccine Storage Guidelines 'Strive for 5'**
<https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5>
- **Centers for Disease Control and Prevention, Vaccine Storage and Handling Toolkit**
<https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/>
- **World Health Organization. Module 2, the Cold Chain**
https://www.who.int/immunization/documents/IIP2015_Module2.pdf

14. Helplines for healthcare professional

- **Malaria Reference Laboratory e mail service**
<https://www.gov.uk/government/publications/malaria-risk-assessment-form>
- **NaTHNaC telephone helpline**
<https://travelhealthpro.org.uk/contact>
- **TRAVAX Travel health advice line by telephone**
<https://www.travax.nhs.uk/contact-us>

15. Resources for travellers

Please note, this list is not exhaustive but provides helpful advice from some organisations

- **ABTA Restarting travel – a guide for customers**
<https://www.abta.com/tips-and-advice/planning-and-booking-a-holiday/restarting-travel-guide-for-customers>
- **NaTHNaC**
<https://travelhealthpro.org.uk/>
- **Fit for Travel**
<https://www.fitfortravel.nhs.uk/home>
- **IBD Passport - Evidence-based travel advice for individuals with Crohn's disease**
<https://www.ibdpassport.com/>
- **NHS Choices Travel Vaccinations**
<https://www.nhs.uk/conditions/travel-vaccinations/>
- **Foreign and Commonwealth Office Travel Aware**
<https://travelaware.campaign.gov.uk/>
- **Travelling with additional needs and/or disability (NaTHNaC)**
<https://travelhealthpro.org.uk/factsheet/80/travelling-with-additional-needs-andor-disability>
- **Travelling with allergy (Allergy UK)**
<https://www.allergyuk.org/information-and-advice/conditions-and-symptoms/615-travelling-with-allergy>
- **Travelling with asthma (Asthma UK)**
<https://www.asthma.org.uk/advice/living-with-asthma/travel/>
- **Travel and Cancer (Macmillan Cancer Support)**
https://be.macmillan.org.uk/downloads/bemacmillan%20pdfs/MAC11667_E07_Travel_lowrespdf_20200207_MB.pdf
- **Travel and diabetes (Diabetes UK)**
<https://www.diabetes.org.uk/guide-to-diabetes/life-with-diabetes/travel>
- **Travel advice for people with epilepsy (Epilepsy Action)**
<https://www.epilepsy.org.uk/info/daily-life/travelling-abroad>
- **Travelling with medicines (NaTHNaC)**
<https://travelhealthpro.org.uk/factsheet/43/medicines-and-travel>
- **Travel and Mental Health (Foreign and Commonwealth Office)**
<https://www.gov.uk/guidance/foreign-travel-advice-for-people-with-mental-health-issues>
- **How to stay safe in the sun. British Skin Foundation**
https://www.britishskinfoundation.org.uk/how-to-stay-safe-in-the-sun?gclid=EAlaIQobChMIubj32eaJ6wIVAbTtCh08TAjJEAAYASAAEgIPhFD_BwE

16. Further useful resources

- **Blood Care Foundation**
<http://www.bloodcare.org.uk>
- **Google Translate**
<http://translate.google.com/>
- **International Association for Medical Assistance to Travellers**
<https://www.iamat.org/general-resources>
- **International Society of Travel Medicine Travel Clinic Directory**
https://www.istm.org/AF_CstmClinicDirectory.asp
- **International SOS**
<https://www.internationalsos.com/>
- **NICE Clinical Knowledge Summary (CKS). Deep vein thrombosis - prevention for travellers**
<https://cks.nice.org.uk/dvt-prevention-for-travellers>
- **NICE Clinical Knowledge Summary (CKS) Diarrhoea - prevention and advice for travellers**
<https://cks.nice.org.uk/diarrhoea-prevention-and-advice-for-travellers>
- **Public Health England. Rabies post-exposure treatment: management guidelines**
<https://www.gov.uk/government/publications/rabies-post-exposure-prophylaxis-management-guidelines>
- **Public Health England's Tick Awareness Resources**
<https://www.gov.uk/guidance/tick-surveillance-scheme>
- **RCN Critical care and Flight Nurse Forum**
<https://www.rcn.org.uk/get-involved/forums/critical-care-and-flight-nursing-forum>

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Planning to travel overseas? What travel health advice do you need?

Who is the leaflet intended for?

If you are travelling overseas it is highly recommended that you seek advice about your health for the trip abroad. Such advice can be provided from a variety of settings including:

- Your GP surgery (usually the care is given by the Practice Nurse)
- A private travel clinic
- A pharmacy which provides a travel service
- Your occupational health department, if this is a trip for work purposes

What care should you expect within the appointment?

You should consult a practitioner who is trained in travel medicine.

You should expect the travel health adviser to carry out a pre-travel risk assessment in which they will check:

- Your previous and current health status
- Your previous vaccination history and in particular, if you have had any travel vaccines before
- Your detailed travel plans

Following this assessment, you should expect the travel health adviser to discuss:

- The risks to your health from this trip abroad and appropriate advice to help protect you on the trip
- The travel vaccinations which may be recommended
- Malaria prevention advice if this is appropriate for your destination
- The importance of travel insurance

- Further resources which may help you to research the advice further
- Details of other travel health service providers if not all care is available from that adviser (for example yellow fever vaccine / high altitude travel advice etc.)

Note: It would be typical for such an appointment to take a minimum of 20 minutes.

How can you recognise a good service?

Ask if the provider follows the guidance 'Good Practice for Providing a Travel Medicine Service' as published by the Royal College of Physicians and Surgeons of Glasgow. Some private travel clinics may be regulated, and you could check the status of their most recent inspection.

Who was the leaflet written by?

The Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow. The Faculty is comprised of doctors, nurses and pharmacists who have expertise in travel medicine practice. They set standards and provide education to improve the quality of practitioners advising travellers, to protect your health.

Have a safe and healthy trip!

For more information, please visit rcpsg.ac.uk/travel-medicine



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW
TRAVEL MEDICINE

This document is due for review in October 2022. To provide feedback on its contents or your experience of using the publication, please email travelmedicine@rcpsg.ac.uk



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