

# Immunisation Knowledge and Skills Competence Assessment Tool

Third edition

CLINICAL PROFESSIONAL RESOURCE



This publication is endorsed by:

# Acknowledgements

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NB. from 1 October 2021 Public Health England became the UK Health Security Agency (UKHSA).

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact [corporate.communications@rcn.org.uk](mailto:corporate.communications@rcn.org.uk)

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UNDER REVIEW

# 1. Summary

These competencies align with the wider RCN *Education Learning and Development Strategy* (RCN, 2021a) and need to ensure excellence in nursing practice and uphold equality and diversity, so care and services are accessible to all.

The UK immunisation programmes are widely regarded as upholding good evidence-based practice. They are designed to provide protection to those who need it before they become infected, and its success therefore depends on vaccinations being made available to all those who need them in a timely way.

The vaccine programmes are informed and developed by experts and extensive consideration and planning is undertaken to enable them to be most effectively and successfully implemented. The programmes change and adapt to encompass new and improved vaccines and the changing epidemiology of infectious diseases.

The success of vaccine programmes relies on all practitioners involved to be well informed and to stay up to date. Vaccination programmes evolve and develop based on the evidence, as new vaccines become available and the epidemiology of disease change. Vaccinators also need to be mindful of the needs of their local population and in making sure the services are accessible to all.

These competencies are designed to help ensure consistency in the clinical standards of immunisers, and for immunisers to use their knowledge and skills to ensure all those eligible in a population get the vaccines they need in a timely, easily accessible and safe way. The document is designed to gain assurance that all practitioners involved in immunisation are competent to provide safe and effective care for those who require vaccines. The Health and Safety Executive define competence as:

“The combination of training, skills, experience and knowledge that a person has and their ability to apply them to perform a task safely. Other factors, such as attitude and physical ability, can also affect someone’s competence.” (HSE, 2021)

Competencies are the essential building blocks that shape nursing work in all clinical and practice settings. As practitioners acquire skills, knowledge, understanding and confidence in their field they can demonstrate how they meet increasingly challenging levels of competence.

This framework aims to identify the competencies required to meet the specific needs of patients requiring immunisation. It is also designed to provide support to both registered and non-registered staff in achieving these in order to practise safely.

It is a tool designed to be used by all grades of staff to support their learning and the development of skills in immunisation. The competencies are intended to support safe and effective practice and a way to assess an individual practitioner’s ability to do the job and ensure patient safety.



It is acknowledged, that while developing the knowledge and competence of staff working in immunisation, staff need to be aware of how vaccine programmes evolve based on the evidence of new vaccines and epidemiology of disease and novel infections and therefore how they keep up to date. They also need to be aware of emerging areas of development within health care and how these impact on immunisation services delivery, these would include:

- **digitalisation and technology** – is increasingly important in all health care, the use of technology to support immunisation has always been important in terms of accurate data reporting. The use of wider technology will continue to impact on immunisation services
- **genomics** – understanding of genomics is increasingly impacting and influencing health care. The RCN resource on genomics (RCN, 2021b) provides some background information and resources to help raise awareness and understanding
- **sustainability** – raise awareness of the United Nations (UN) sustainable development goals (SDGs) (UN, 2021) and other global impacts of health care. All health care staff need to be aware and have knowledge and skills to improve sustainability of health care through their individual responsibility to understand the importance of assurance of quality, safety and value regarding procurement of consumables, medical devices and services.

There is a separate competency tool for registered health care professionals in [section 8](#) and another for the vaccination support workforce in [section 9](#), which identify the different levels of skills and competence required depending on individual practitioners' roles in immunisation and vaccination.

Practitioners should be assessed against each as competent (has met the competency = M) or not yet competent (needs development = ND).

## 2. Introduction

Vaccination is a core public health provision and vaccines are clearly recognised by the World Health Organization (WHO) as having a major impact in contributing to reduced mortality and improving health across the world (WHO, 2019). The UN Sustainability and Development Goals (SDGs) set out a vision for a world free from poverty, hunger and disease. Global access to vaccination is fundamental to these goals (WHO, 2019).

Competency frameworks have been widely used within the health and care workforce in order to assess fitness for practice and to facilitate professional development and mobility. Competency frameworks form part of a larger professional framework where skills, knowledge, values and self-esteem contribute to capability in clinical practice (O'Connell et al., 2014).

This third edition of the *RCN Immunisation Knowledge and Skills Competence Assessment Tool* has been developed in line with the 2021-2024 *RCN Group Education Learning and Development Strategy* and the *RCN competency framework*.

These competence assessment statements have been developed by the Royal College of Nursing (RCN) and Public Health England (PHE) to support the training and assessment of registered and non-registered health care workers who have a role in immunisation. The competencies align with the *National Minimum Standards (NMS) for Immunisation Training* (PHE, 2015 and 2018).

The resource is primarily for England and Wales. Colleagues from across the UK have however been involved in the development of these competencies and staff in many areas across the UK may find the principles useful in practice.

In Scotland, the Scottish Government has produced a *National Framework for Vaccine Administration by Healthcare Support Workers in Scotland* (Scottish Government, 2021) and NHS Education for Scotland/Public Health Scotland have produced a number of vaccination workforce education resources including a self-appraisal tool and proficiency documents (NHSE for Scotland, 2021a). These resources will continue to reference the RCN assessment tool as appropriate.

Northern Ireland Public Health Agency (PHA) endorse and support the recommendations in the NMS for registered health care professionals involved in immunisation (HSC PHA, 2021). Unregistered staff do not ordinarily give vaccines in Northern Ireland. For the COVID-19 vaccine and influenza vaccine campaigns, administration under the National protocol (see section 10 and terminology related to medicines administration) allowed nursing/medical/allied health professional (AHP) students to vaccinate under supervision. Northern Ireland is currently reviewing the necessity for a competency framework for health care support staff using the national protocol in Northern Ireland. It is recognised that staff in some areas across Northern Ireland may find the principles and competencies useful in practice.

### Purpose and rationale

In addition to acquiring knowledge through a theoretical taught course, practitioners need to develop clinical and technical skills in immunisation and be able to show they can apply their knowledge in practice.

A period of supervised practice to allow the observation of clinical immunisation skills,

the acquisition of these skills and application of knowledge to practice when the practitioner is new to immunisation is therefore strongly recommended.

Whilst there is no agreement or finite evidence as to how many times this supervised practice should occur, both the mentor and new practitioner need to feel confident that the practitioner has the necessary skills and knowledge to advise on and/or administer vaccines.

The framework is designed for new immunisers to work through competencies with a supervisor to ensure they are confident and proficient in undertaking the role and ensure vaccines are given safely.

Where an individual does not achieve the competencies, the tool provides a process for development and further assessment. Where competencies are not met, the practitioner's suitability to undertake the role needs to be reconsidered in order to ensure safe practice.

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### 3. Framework structure and definitions

The competence assessment tools have been divided into three areas.

- **Knowledge**  
These are the areas of knowledge vaccinators should have, and the resources they need to be familiar with, to help support day to day practice.
- **Core clinical skills**  
Many of the competences are core skills used in a range of clinical areas, but for the purposes of this assessment tool, they should be used in the context of immunisation.
- **The clinical process/procedure for vaccine administration**  
These are the specific skills required for safe administration of vaccines.  
One competence assessment form is for registered health care staff. The other is for non-registered health care staff. Please see detail below for staff who may have a role in the administration of vaccines.

NB: Some of the competencies may also apply to staff who have an administrative position for example, those who have a role in checking the storage of vaccines (cold chain) and those in children's centres and education settings who may have a role in directing patients and parents/carers to the right resources or services.

The word 'patient' has been used throughout to describe the individual receiving vaccines and care. This can be interchanged with the appropriate word for the health setting in which the competence assessment framework is used.

There are two competency tools:

- Registered health care professionals ([Section 8](#))
- Vaccination support workforce ([Section 9](#))

#### Relevant health care practitioners

Registered health care professionals:

- **registered professionals** – this terminology encompasses all qualified practitioners registered to practice by one of the health care professional regulatory bodies. This includes registered nurses, medical practitioners, pharmacists and dentists
- **prescribers** – the term 'prescriber' refers to a registered practitioner who is an independent prescriber, registered medical practitioner or registered dentist who is responsible for issuing the prescription or Patient Specific Direction (PSD).

Wider vaccine support workforce:

- **nursing associates (NAs)** – registered nursing associates (England only) are registered health care professionals with the NMC. They support registered nurses and are responsible for providing and monitoring care. They are unable to work under a Patient Group Direction (PGD). Medicines authorisation needs to be through a prescription or Patient Specific Direction (PSD), or where appropriate, a national protocol (Influenza and COVID-19 vaccines)



- **physician's associates (PAs)** – have undertaken specific education and training and work with medical practitioners to provide and monitor care under direction. They are not regulated by the GMC or other regulators. As for NAs, they are unable to work under a Patient Group Direction (PGD). Medicines authorisation needs to be through a prescription or Patient Specific Direction (PSD), or where appropriate, a national protocol (Influenza and COVID-19 vaccines)
- **health care support workers (HCSWs)** – there are many job titles for clinical staff who have no statutory registration. These staff work across the system and salary scales. The term HCSW is used throughout this framework to include all non-statutory registered staff who may be involved in administering vaccinations and support registered health care professionals. Medicines authorisation for HCSWs needs to be through a prescription or Patient Specific Direction (PSD), or where appropriate, a national protocol (Influenza and COVID-19 vaccines). HCSWs also need to have appropriate supervision and support available
- **students or trainees** – students; including student nurses, medical students, trainee nursing associates and trainee physician's associates on placement, would generally work under supervision. A student is responsible for their actions and must ensure that they are acting in accordance with the policies of the educational and placement providers and that they are competent and confident to undertake the care. The practice supervisor is accountable for delegation and supervision of the students' practice. Students would not normally be expected to administer vaccinations. Students may also work separately as a health care support worker with a contract of employment in which case the information for HCSWs above would apply.

The terminology related to medicines legislation and vaccination is available in [section 10](#).

## 4. Alignment/mapping to national transferable standards

The competencies align to the *National Minimum Standards (NMS) and Core Curriculum for Immunisation Training* (PHE, 2018) and the *National Minimum Standards and Core Curriculum for Immunisation Training of Healthcare Support Workers* (PHE, 2015). These standards are applicable in England and Wales.

In Scotland there are separate education and training standards and a knowledge self-appraisal tool (NHSE for Scotland, 2021b, Scottish Government, 2021).

Northern Ireland PHA endorse and support the recommendations in the NMS for registered health care professionals involved in immunisation (HSC PHA, 2021). Unregistered staff do not ordinarily give vaccines in Northern Ireland. For the COVID-19 vaccine and influenza vaccine campaigns administration under the National protocol (see [section 10](#) and terminology related to medicines administration) allowed nursing/medical/allied health professional (AHP) students to vaccinate under supervision. Northern Ireland is currently reviewing the necessity for a competency framework for health care support staff using the national protocol in Northern Ireland.

However, the general principles apply across the UK, and it is acknowledged that staff in both countries may find using the competency tool useful in practice.

The standards and curricula describe the learning outcomes that should be covered by immunisation training courses. These competence assessments are not intended as a checklist for all the outcomes but as a tool to assure that practitioners have the necessary knowledge and competence to deliver safe practice.

The annual influenza campaign and the COVID-19 vaccine programmes for the pandemic have necessitated some tailored standards and competencies for these specific programmes (PHE flu immunisation training recommendations (PHE, 2021a), UKHSA COVID-19 vaccine training recommendations (PHE, 2020a), and competency tool (PHE, 2021b). These are however still based on the fundamental principles within the NMS and the competencies expected for vaccinators to deliver safe care (see PHE, 2020 training guidance during a pandemic).

Supervisors and practitioners should refer to the learning outcomes when assessing knowledge and skills. The competencies are designed for practitioners to show they have the skills and understanding to undertake the role.

It is recognised that not all competencies will be relevant to all staff. For example, in some areas such as schools, pharmacies or prison health, immunisers will require very specific knowledge and skills to deliver some vaccines only. The competencies required will depend on the individual service area and the specific range of vaccines given by the immuniser.

Where there are very specific needs for particular service areas, service leads may wish to extract the relevant competencies for their service for ease of assessment. This is acceptable but for consistency and ease of transfer between areas, the wording should be the same and any documentation should clearly state which area(s) and for which vaccine(s) the assessment has been carried out.

## 5. Contribution to personal and professional development and career enhancement

The National Minimum Standards (NMS) recommend that all immunisers receive a foundation training relevant to their previous experience and specific role in immunisation. It also recommends immunisers then have annual updates.

In terms of both core training and updates, it is acknowledged that some of this will be through self-directed learning. The following provide useful links for online learning and resources:

- England: the [e-learning for health \(e-lfh\) platform](#) from Health Education England provides core and specific immunisation training resources. This is also endorsed by HSC Public Health Agency in Northern Ireland and Public Health Wales
- NHS Scotland: [TURAS education resources](#)
- Public Health Wales Vaccine Preventable Disease Programme (VPDP) training resources [learning@Wales\(vaccine portal\)](#)

See also:

### [Immunisation hub for UKHSA](#)

UKHSA Immunisation programme collection on [.GOV.UK](#)

Public Health Agency (PHA) [Northern Ireland Immunisation/vaccine preventable disease](#)

NHS Scotland [NHS inform](#) immunisation section

Public Health Wales [Immunisation and vaccination](#)

Online [Green Book](#), “Immunisation against infectious disease” applicable across the UK

RCN [immunisation resources](#)

The competency tool provides a framework for assessment of core knowledge for those new to immunisation. It should be undertaken with a supervisor before they start vaccinating.

For experienced immunisers, the competency statements can be used as part of the annual update to provide a record of ongoing proficiency. They would also serve as a tool to identify areas where they have gaps in knowledge and skills and where further training or opportunities to develop skills need to be arranged.

The competencies will help to provide a framework for practitioners to develop skills and knowledge applicable to their role.

## 6. Pre-requisite education, skills and knowledge

These competencies are specific for immunisers.

There are additional clinical skills and education immunisers would need, such as communication skills, safeguarding and understanding basic infection prevention and control principles.

Some of these areas are covered in the e-learning immunisation courses, and specific further e-learning courses are available, often as part of mandatory and staff training and development.

Health Education England [e-learning for health \(e-lfh\) platform](#)

HSC Northern Ireland [Clinical Education Centre](#)

NHS Scotland TURAS [Health and social care learning resources](#)

NHS Wales [learning@Wales\(vaccine portal\)](#) NHS staff to access [via ESR](#) log in.

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## 7. Evidence of achievement

This document is ideally used as an assessment tool with a supervisor working alongside an immuniser. However, it can also be used as a self-assessment tool. It is designed to support skills acquisition and ensure immunisers are able to apply theoretical knowledge to practice.

**Where a particular competence is not applicable to the individual's role, indicate 'not applicable' (NA).**

1. Select the relevant competence assessment, either:  
Registered health care professionals ([section 8](#)) or  
Vaccination support workforce ([section 9](#))
2. Those administering vaccines and/or providing immunisation information should be assessed against all competencies, unless the individual is only required to use specific administration techniques, for example if they are only giving the intranasal influenza vaccine or intradermal Bacillus Calmette-Guérin vaccine (BCG).
3. For those whose role is to advise and support the programme but not actually administer vaccines, they and their assessor need to identify which competencies are applicable.
4. Practitioner to complete self-assessment column - practitioners are stating that they feel competent in their role and have the necessary knowledge and skills. Indicate that they have met (M) the competency or that they need further development (ND) in this area.
5. There is no expectation for practitioners to produce additional evidence to prove their competence for every competency, particularly where staff are working with one supervisor. For some competencies however, including a record of learning, such as a record of online assessments passed would be appropriate. There may also be occasions where immunisers work with other members of the team and evidence of this can be provided in the form of verbal or written feedback or to document time spent observing or working with other practitioners.
6. The practitioner will share their assessment with their supervisor, who needs to be a registered health care practitioner who is competent and experienced in delivering immunisation programmes.

The supervisor should:

- review and check any evidence of courses attended and discuss what theoretical training has been undertaken
- review the practitioner's self-assessment, discussing any areas that are identified as 'need to develop' and the relevant action plans
- observe their performance as they provide immunisations/advice to several patients and indicate whether each competence is 'met' or 'needs to develop' in the mentor review column
- if improvement is needed, help the immuniser to develop an action plan that will help them achieve the required level of competence with a review date for further assessment



- sign off the section at the bottom of the assessment when it is agreed with the practitioner that they are competent in all the relevant areas
- be willing to discuss with the practitioner if it is agreed that they may not be suitable for the task.

**To note:**

The competencies are designed to be assessed as met (M) or needs development (ND).

Where the competency is assessed as needs development a learning plan needs to be put in place.

There is no finite number of times any competency or skill should be practiced or observed before being assessed.

In practice, immunisers should be allowed to work with their supervisor or another immuniser until they are able to perform or complete the competency proficiently and confidently and they understand the rationale behind the process.

If an individual does not achieve competency within the timescale agreed between the supervisor and practitioner, a development plan should be agreed with clear timescales for further assessment. If these are not met, then their suitability for the task should be reconsidered.

Where the practitioner is only assessed to deliver specific vaccines, state the vaccines they have been assessed for:

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## Part 1: Knowledge

Competency statements: for registered health care professionals, registered nurses, pharmacists and others	Self-assessment	Assessment by supervisor Indicate competency achieved: Met (M) or Needs development (ND) Supervisor to sign and date Add further attempts in as required	Evidence of achievement, if applicable
		First attempt (State further attempts as required)	Date competency achieved
1a. Can provide evidence of attendance at a specific, comprehensive immunisation training course and/or completion of an immunisation e-learning course. The course should cover all of the topics detailed in the core curriculum for immunisation training (state the name of course/type of training attended). NB: where immunisers are giving specific vaccines, such as for travel, specific training and assessment in these areas would also be needed.			
1b. Has successfully completed a knowledge assessment eg, an e-learning course assessment, end of course test.			
1c. Able to access the online <i>Green Book</i> and is aware of the electronic update nature of this publication.			
1d. Able to access other relevant UK immunisation guidance eg, DHSC/PHE/UKHSA/NHS E&I letters, <i>Vaccine Update</i> , PHE information for health care practitioners documents on new or revised vaccine programmes, the PHE/UKHSA algorithm for persons with unknown or uncertain immunisation status, or other resources where appropriate.			
1e. Knows who to contact for advice if unsure about vaccination schedules, vaccine spacing and compatibility, eligibility for vaccines or if a vaccine error occurs. (eg, local screening and immunisation team, local health protection team or other locally available immunisation lead).			

1f. Able to access current information on other countries' schedules if required (eg, WHO or ECDC websites) and can advise patients and/or parents/carers if any additional vaccines are needed.				
1g. Able to discuss the relevant national and local immunisation programmes and the diseases for which vaccines are currently available. Aware of programmes for specific clinical risk groups and use of vaccination in outbreak situations. Knows where to refer to if vaccines are not available locally (eg, BCG or travel vaccines).				
1h. Is able to advise on appropriate safe, timely administration of the vaccine(s) required by the patient.				
1i. Understands the different types of vaccine, is able to state which vaccines are live and which are inactivated and is aware of the different routes of administration eg, injected, intranasal or oral.				
1j. Able to explain the general principles of immunisation eg, why multiple and/or booster doses are required, why intervals need to be observed between doses and why certain vaccines eg, influenza, needs to be given annually.				
1k. Aware of local and national targets for immunisation uptake and why vaccine uptake data is important. If appropriate, know where to find data for their area of practice.				

## Part 2: Core skills for immunisation

Competency statement: for registered health care professionals, registered nurses, pharmacists and others	Self-assessment	Assessment by supervisor Indicate competency achieved: Met (M) or Needs development (ND) Supervisor to sign and date Add further attempts in as required	Evidence of achievement, if applicable
		First attempt (State further attempts as required)	Date competency achieved
2a. Is up to date with local requirements for anaphylaxis and CPR training (normally recommended annually).			
2b. Demonstrates awareness of the whereabouts of anaphylaxis and emergency care equipment and ensures this has been checked and is up to date, how and when to use it and the follow-up care required.			
2c. Can explain incident response and reporting process in case of a procedural error, needlestick injury, etc. as per local protocol.			
2d. Demonstrates good practice in hand hygiene and relevant infection prevention and control. Uses appropriate aseptic technique when preparing vaccines and handling injection equipment (eg, syringes, needles) to prevent contamination and infection.			
2e. Disposes of sharps, vaccine vials and other vaccine equipment safely, in line with local protocol.			
2f. Demonstrates knowledge and understanding of the rationale for, and importance of, maintaining the vaccine cold chain. Familiar with local protocols for cold chain management and the action to be taken in case of cold chain failure and who to contact.			



## Part 3: Clinical processes and procedures

Competency statement: for registered health care professionals, registered nurses, pharmacists and others	Self-assessment	Assessment by supervisor Indicate competency achieved: Met (M) or Needs development (ND) Supervisor to sign and date <i>Add further attempts in as required</i>	Evidence of achievement, if applicable
		First attempt (State further attempts as required)	Date competency achieved
3a. Checks patient's identity and patient's records prior to vaccination to ascertain previous immunisation history and which vaccines are required eg, to bring patient up to date with national schedule, for planned travel, for specific identified risk, post-exposure prophylaxis, etc.			
3b. Can explain which vaccines are to be given and able to answer patient's and/or parent's/carer's questions, referring to leaflets and other media eg, videos to aid explanations/discussion as appropriate and using translated and easy read leaflets or other media such as video or interpreter, if necessary, to ensure patient/parent/carer is informed. Knows who to refer to or who to contact if further detail or advice is required.			
3c. Able to discuss the risks and benefits of vaccination clearly and confidently and address any concerns patients and/or parents/carers may have.			
3d. Aware of, and able to discuss, any current issues, controversies or misconceptions surrounding immunisation.			
3e. Demonstrates knowledge of consent requirements and the particular issues relevant to the area of practice, such as an individual's capacity to consent, Mental Capacity Act/Mental Health Act and the age of the individual, if appropriate Gillick competence. Ensures informed consent is obtained prior to vaccination and is appropriately documented.			

3f. Demonstrates knowledge and understanding of contraindications and precautions and is able to assess appropriately for these or, if necessary, the need to postpone vaccination.				
3g. Checks that the vaccine has been appropriately prescribed via a Patient Specific Direction (PSD) or is authorised to be supplied and/or administered via a Patient Group Direction (PGD) or national protocol is appropriate.				
3h. Checks the presentation of vaccine products, the expiry date, how they have been stored prior to use and prepares them according to the manufacturers description in the vaccine's summary of product characteristics (SmPC) or regulatory information. Both before and after the vaccine is prepared and prior to administration.				
3i. Positions patient appropriately and chooses appropriate vaccination site(s) eg, use of anterior lateral aspect of the thigh in babies under one year and/or deltoid muscle in upper arm in older children and adults for injectable vaccines. Able to identify appropriate anatomical markers for the correct injection site.				
3j. Chooses the correct administration route for the vaccine(s) to be delivered.				
3k. Demonstrates correct intradermal technique eg, for administration of BCG vaccine.				
3l. Demonstrates correct intramuscular technique for injected vaccines.				
3m. Demonstrates correct intranasal technique eg, for administration of live influenza vaccine to children.				
3n. Demonstrates correct oral technique eg, for administration of live rotavirus vaccine to babies.				
3o. Demonstrates an understanding of practice/clinic procedures for the reporting of vaccine reactions and knows how and when to report using the Medicines and Healthcare Products Regulatory Authority's (MHRA) Yellow Card Scheme.				

3p. Completes all necessary documentation accurately, recording type and product name of vaccine, batch number, expiry date, dose administered, site(s) used, date given and name and signature.				
3q. Demonstrates good record keeping and understands the importance of vaccine information being recorded on GP data system, reported to local child health information system (CHIS), in the personal child health record (PCHR) and the use of appropriate methods for reporting unscheduled vaccinations or where vaccines are given outside of GP premises.				
3r. Advises patient/parent/carer on potential post-vaccination reactions as appropriate (eg, rash, fever) the timing and management of these. Provides patient/parent/carer with a copy of post-immunisation advice sheet such as the NHS leaflet <i>What to expect after vaccination</i> , the product's patient information leaflet and any translated information where available and appropriate.				
13. Action plan to achieve required competency level, indicate dates.				
(If an individual does not achieve competency within the timescale agreed between the supervisor and practitioner, a developmental plan should be agreed with clear timescales for further assessment, if these are not met then their suitability for the task should be reconsidered)				
Name of individual: has the appropriate knowledge, skill and competence to safely administer vaccines. Where this applies to specific vaccines, only state which these are:				
Signature:				

## 9. Competency framework for vaccination support workforce

This includes all staff working under supervision to support vaccine delivery. It includes all health care support staff, physicians associates and registered nursing associates, in England. These staff must have a prescription or PSD in place to administer the vaccines.

The competency statements are arranged into three parts:

## Part one: Knowledge

## Part two: Core skills

### Part three: Clinical processes and procedures

List the vaccine/vaccines being assessed to deliver and/or support:

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## Part 1: Knowledge

Competency statements: vaccine support workforce	Self-assessment	Assessment by supervisor Indicate competency achieved: Met (M) or Needs development (ND) Supervisor to sign and date <i>Add further attempts in as required</i>	Evidence of achievement, if applicable
		First attempt (State further attempts as required)	Date competency achieved
1a. Can provide evidence of attendance at a specific, comprehensive immunisation training course and/or completion of an immunisation e-learning course. The course should cover all of the topics detailed in the core curriculum for immunisation training. (State the name of course/type of training attended).			
1b. Has successfully completed a knowledge assessment eg, an e-learning course assessment, end of course test.			
1c. Able to access the online Green Book and other relevant immunisation guidance eg, DHSC/PHE/UKHSA/ NHS E&I letters (or Scotland, Wales and Northern Ireland equivalents), <i>Vaccine Update</i> , UKHSA information for healthcare practitioners documents for specific vaccine programmes, etc.			
1d. Knows who to refer to for advice if unsure about vaccination schedules, vaccine spacing and compatibility, eligibility for vaccines or if a vaccine error occurs (eg, registered health care professional).			
1e. Familiar with the relevant national and local immunisation programmes and the diseases for which vaccines are currently available.			
1f. Understands the different types of vaccine, is able to state which vaccines are live and which are inactivated.			
1g. Is aware of the different routes of administration eg, injected, intranasal or oral.			



1h. Able to explain the general principles of immunisation eg, why multiple and/or booster doses are required, and why certain vaccines eg, influenza, needs to be given annually.				
1i. Aware of local and national targets for immunisation uptake and why vaccine uptake data is important.				

## Part 2: Core skills for immunisation

Competency statements: Vaccine support workforce	Self-assessment	Assessment by supervisor Indicate competency achieved: Met (M) or Needs development (ND) Supervisor to sign and date Add further attempts if as required		Evidence of achievement, if applicable
		First attempt (State further attempts as required)	Date competency achieved	
2a. Is up to date with local requirements for anaphylaxis and CPR training (normally recommended annually).				
2b. Aware of the whereabouts of anaphylaxis and emergency care equipment, how and when to use it and the follow-up care required.				
2c. Can explain incident response and reporting process in case of a procedural error, needlestick injury, etc. as per local protocol.				
2d. Demonstrates good practice in hand hygiene and relevant infection prevention and control. Uses appropriate aseptic technique when preparing vaccines and handling injection equipment (eg, syringes, needles) to prevent contamination and infection.				
2e. Disposes of sharps, vaccine vials and other vaccine equipment safely, in line with local protocol.				

2f. Demonstrates knowledge and understanding of the rationale for, and importance of, maintaining the vaccine cold chain. Familiar with local protocols for cold chain management and the action to be taken in case of cold chain failure and who to contact.				
2g. Works within local protocol or standard operating procedure (SOP), understands limitations of own role and able to refer on for advice appropriately.				

### Part 3: Clinical processes and procedures

Competency statements: Vaccine support workforce	Self-assessment	Assessment by supervisor Indicate competency achieved: Met (M) or Needs development (ND) supervisor to sign and date <i>Add further attempts in as required</i>		Evidence of achievement, if applicable
		First attempt (State further attempts as required)	Date competency achieved	
3a. Checks patient's identity and patient's records prior to vaccination to ascertain previous immunisation history.				
3b. Can explain which vaccines are to be given and able to answer patient's and/or parent's/carer's questions, referring to leaflets to aid explanations/discussion as appropriate and using translated and easy read leaflets other media such as video or interpreter, if necessary, to ensure patient/parent/carer is informed. Knows who to refer to or who to contact if further detail or advice is required.				
3c. Able to discuss the risks and benefits of vaccination clearly and confidently and able to address any concerns patients and/or parents may have. Refers to the relevant registered practitioner for further detail or advice.				
3d. Aware of, and able to discuss, any current issues, controversies or misconceptions surrounding the immunisations they are giving.				

3e. Demonstrates knowledge of consent requirements and the particular issues relevant to the area of practice, such as the capacity to consent, Mental Capacity Act and the age of the individual. Ensures consent is obtained prior to vaccination and is appropriately documented.				
3f. Demonstrates knowledge and understanding of contraindications and precautions and uses assessment form/checklist to check for contraindications and precautions prior to immunisation. Refers to relevant registered professional if in doubt.				
3g. Demonstrates that they check the vaccine has been appropriately prescribed through a Patient Specific Direction (PSD) or can be given via a protocol if one is in place. The intranasal influenza vaccine can be supplied by a registered practitioner via a patient group direction (PGD) for subsequent administration where appropriate to the setting.				
3h. Demonstrates that they know how to use PSDs, checking that the patient is named to receive the specific vaccine, that it is appropriately dated and signed and that they know who to refer to if this is not the case.				
3i. Understand that they are not legally able to use a PGD as only listed health care professionals are included in this exception under the Human Medicines Regulations.				
3j. Checks the presentation of vaccine products, the expiry date, how they have been stored prior to use and prepares them according to the manufacturers description and or summary of product characteristics (SmPC).				
3k. Positions patient appropriately and chooses appropriate vaccination site(s). Able to identify appropriate anatomical markers for the correct injection site).				
3l. Chooses the correct administration route for the vaccine(s) to be delivered.				
3m. Demonstrates correct intramuscular technique for injected vaccines.				

3n. Demonstrates correct intranasal technique for administration of live influenza vaccine to children.				
3o. Demonstrates an understanding of practice/clinic procedures for the reporting of adverse incidents, vaccine reactions and knows how and when to report using the MHRA's Yellow Card Scheme.				
3p. Completes all necessary documentation accurately, recording type and product name of vaccine, batch number, expiry date, dose administered, site(s) used, date given and name and signature.				
3q. Demonstrates good record keeping and understands the importance of vaccine information being recorded on the correct data systems; and linking to GP clinical system where vaccines are given outside of GP premises.				
3r. Advises patient/parent/carer on potential post-vaccination reactions as appropriate (eg, rash, fever) and management of these. Provides patient/parent/carer with a copy of post-immunisation advice sheet if available, eg, the NHS leaflet <i>What to expect after vaccination</i> , the product's patient information leaflet and any translated information where available and appropriate.				
13. Action plan to achieve required competency level, indicate dates.				
<p>(If an individual does not achieve competency within the timescale agreed between the supervisor and practitioner, a developmental plan should be agreed with clear timescales for further assessment, if these are not met then their suitability for the task should be reconsidered)</p>				

Name of individual:

has the appropriate knowledge, skill and competence to safely administer the vaccines stated:

Indicate vaccines assessed for and date assessed:

Signature:

Name of supervisor(s) carrying out assessment (or mark as N/A if experienced vaccinator carrying out self-assessment):

Role/job title:

Signature of supervisor/assessor(s):

UNDER REVIEW



## 10. Terminology related to medicines legislation and vaccination

The regulation of medicines is clearly defined under the Human Medicines Regulations 2012 (HMR, 2012).

**Prescription only medicines (POM)** are medicines which cannot usually be supplied and/or administered unless there is a valid prescription or a patient specific direction (PSD) this includes all vaccines.

The prescription or PSD needs to be from an appropriate practitioner; a registered medical practitioner, dentist or an independent non-medical prescriber, referred to as the 'prescriber'.

**The prescriber** is responsible for the clinical assessment and suitability of the patient to receive the vaccine.

There are various exemptions under the regulations for authorisation of medicines applicable to vaccination.

- **Patient Group Direction (PGD):** exemption, under schedule 16 of HMR 2012 legislation, for enabling the supply and/or administration of a POM. They are limited to be used by certain listed health care professionals (HCP) and all processes under the direction must be carried out by the same HCP.

PGDs need to describe the exact group of people for whom vaccination is appropriate and list the exceptions. For immunisation there are nationally agreed templates for PGDs which need to be authorised by local organisations. The RCN medicines management resources (RCN, 2021c) includes more information.

- **Written instruction:** this is described under schedule 17 of HMR 2012 legislation and applies in occupational health schemes (OHS) and specific health care professionals listed in the legislation.

The instruction is between a physician and health care professional, see: [sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination](https://sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination)

- **National protocol:** applicable under The Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020 and amendment 247A (HMR, 2020) which provide further emergency exemptions to the Human Medicines Regulations when working in a pandemic. The national protocols allow for the different elements of vaccine administration; assessment of individual patients, vaccine preparation, vaccine administration and record keeping can be separated out and be done by different people.
- **Emergency medicines:** certain medicines listed under schedule 19 of HMR 2012 legislation, can be given in an emergency to save life. This list includes adrenaline given in response to anaphylaxis which does not need a prescription, see: [legislation.gov.uk/uksi/2012/1916/schedule/19/made](https://legislation.gov.uk/uksi/2012/1916/schedule/19/made)

Further information on what constitutes a prescription or PSD is available from the CQC (CQC, 2021) and Specialist Pharmacy Services (SPS) *Answers to questions about PSDs* (SPS, 2020) as well as the RCN medicines management resources available at: [rcn.org.uk/clinical-topics/medicines-management](https://rcn.org.uk/clinical-topics/medicines-management)

## 11. Further resources

UKHSA.GOV [Immunisation pages](#) for the *Green Book*, *Vaccine Update* and other useful resources

RCN [Immunisation resources](#) for specific guidance for Health Care Support Workers (HCSW) and other resources and links

### Human Medicines Regulations

Questions About Patient Specific Directions (Specialist Pharmacy Service 2020)  
[sps.nhs.uk/articles/patient-specific-directions-qa](https://sps.nhs.uk/articles/patient-specific-directions-qa)

Care Quality Commission: GP mythbuster 19: Patient Group Directions /Patient Specific Directions [cqc.org.uk/guidance-providers/gps/gp-mythbuster-19-patient-group-directions-pgdspatient-specific-directions](https://cqc.org.uk/guidance-providers/gps/gp-mythbuster-19-patient-group-directions-pgdspatient-specific-directions)

Patient Group Directions and Patient Specific Directions in General Practice  
[bma.org.uk/advice/employment/gp-practices/service-provision/prescribing/patient-group-directions](https://bma.org.uk/advice/employment/gp-practices/service-provision/prescribing/patient-group-directions)

Patient Specific Directions (Specialist Pharmacy Service 2018)  
[sps.nhs.uk/wp-content/uploads/2013/03/PSD-final-July-2018.pdf](https://sps.nhs.uk/wp-content/uploads/2013/03/PSD-final-July-2018.pdf)

Nursing and Midwifery Council: Delegation and accountability Supplementary Information to the NMC Code  
[delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf](#)

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## RCN quality assurance

### Publication

This is an RCN advice and information publication. Guidance on how to search and find the relevant evidence-based information and resources you may require to help keep your knowledge and practice up-to-date.

### Description

These competencies have been designed to help ensure consistency in the clinical standards of immunisers, and for immunisers to use their knowledge and skills to ensure all those eligible in a population get the vaccines they need in a timely, easily accessible and safe way.

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