

RCN Travel Health Nursing: career and competence development

CLINICAL PROFESSIONAL RESOURCE



Acknowledgements

The RCN would like to thank all those who have supported the development of this document, especially the nurse specialists who have ensured it remains at the forefront of travel medicine practice across the UK. Three of the current authors were involved in the original and revised RCN documents in 2007, 2012 and 2018. They are all members of the RCN Public Health Forum and Fellows of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow.

We would also like to acknowledge the contribution of Lorna Boyne who was involved in the publications prior to 2023. The current authors are all involved in national and international bodies and committees within the field of travel medicine.

Authors

Jane Chiodini MBE, Travel Health Specialist Nurse, Immediate Past Dean, Faculty of Travel Medicine, Royal College of Physicians and Surgeons of Glasgow

Sandra Grieve, Travel Health Specialist Nurse, Lead Nurse Travel Health for the RCN

Alexandra Stillwell, Travel Health Specialist Nurse, National Travel Health Network and Centre (NaTHNaC)

Clare Walker, Senior Nurse Specialist (Travel Health), Travel and International Health Team, Public Health Scotland

Statement of interest: Jane Chiodini is Founder and Director of Travel Health Training Ltd.

This publication is due for review in May 2026. To provide feedback on its contents or on your experience of using the publication, please email publications.feedback@rcn.org.uk

Contents

Foreword and introduction	6
1. How to use the competency framework	9
Producing evidence – revalidation	9
2. Travel health services in the UK	10
Introduction	10
Education and professional support – a historic overview to current day practice	11
Historical information	11
Current education in travel medicine	11
Nurse specific contribution to UK travel health	12
Travel health service factors	12
Service delivery	12
Governance within travel health settings	14
Financial provision	16
Prescribing, supplying and administering travel vaccines	16
Administration of travel vaccines	18
Indemnity cover	18
3. Pre-travel risk assessment and management	19
Introduction	19
What is a pre-travel risk assessment?	19
Information about the traveller	20
Information about the traveller’s itinerary	20
Reasons for asking questions	20
Age and gender identity	21
Medical history	23
Medication	25
Allergies to drugs or food/reaction to vaccination	25
Previous travelling experience	26
Current knowledge and interest in health risks	26
Travellers visiting friends and relatives (VFRs)	26
Female genital mutilation (FGM) and forced marriage	27

Previous vaccination history	27
Additional needs	28
Destinations	28
Departure date	28
Length of stay	29
Transport mode	29
Purpose of trip and planned activities	29
Medical tourism	30
Quality of accommodation	31
Financial budget	31
Health care standards at destination	31
Performing risk assessments	32
Appointment guidance	32
How to conduct a risk assessment	33
Steps to follow after a risk assessment	34
Documentation to accompany the travel consultation	35
Conclusion	37
Important information to note	37
4. The competency framework for travel health nurses	38
Core competency 1: General standards expected of all nurses working in travel health	38
Core competency 2: Travel health consultations	40
Core competency 3: Professional responsibilities for nurses working in travel health	42
5. References	45
6. Appendices	56
Appendix 1:	
Sample travel risk assessment form	57
Sample travel risk management form	59
Appendix 2:	
Summary of travel health-related information sources	61
Essential guidance documents for travel health practitioners	61

Essential resources for day-to-day-practice	61
Other related useful resources	62
Professional development in travel health	63

Foreword and introduction

Before the arrival of the SARS-CoV-2 pandemic, travel health was an expanding and challenging specialist field of practice. In a post-pandemic era, travel, health, and climate change issues globally, are likely to increase these challenges for travellers and practitioners. In the UK, travel health services are mainly delivered by nurses, mostly, but not exclusively, in primary care settings. Pharmacists are increasingly providing advice and flexible services for travellers. Travellers include people of all ages and ethnic backgrounds going abroad for a variety of reasons. Their needs vary, are increasingly complex and may be compounded by ongoing pressures on general practice and differing requirements of host countries. One of the greatest challenges in travel health medicine is that the world order can change in an instant and without warning.

Despite natural disasters, disease outbreaks and terrorism threats, pre-pandemic the number of travellers from the UK was rising year-on-year. Mass migration, often by people displaced from war-torn countries, also affects tourism in destinations frequented by British travellers. As the pandemic affected all countries, the situation changed dramatically with borders closed and international travel and tourism ground to a halt. Few people required travel health services and practitioners were redeployed to support the pandemic effort.

As travel began to resume, another global catastrophe emerged in Ukraine. Travellers are becoming adept at researching options and choosing destinations deemed to be “safer”. With added factors now to consider, planning a trip overseas has become a logistical, and often expensive, exercise. Cruising in international waters was suspended from the UK and elsewhere for a considerable time. Solo and adventure travel companies also ceased offering bespoke holidays in exotic and remote destinations. The UK is a multicultural society with many settled migrants returning to their country of origin to visit friends and relatives (VFRs). They may not present for pre-travel advice but as the rate of imported disease can be higher in this group, it’s important to reach out to them (NHS, HEE). The VFR group continued to travel “home” during the pandemic (ONS, 2021).

Directional guidance and resources are continually improved and available to both practitioners and the public. Health professionals are reminded to refer to national websites such as NaTHNaC, TRAVAX and fitfortravel for updates and current evidence-based information. Expanding technology and social media outlets also provide access to advice. For example, nurses can access education and training through in-person or virtual conferences, or through e-learning portals. With internet connections and instant communication increasingly available in remote locations, travellers can stay informed when abroad. This publication reflects these changes.

The RCN Public Health Forum resources are available through the travel health pages on the website at: rcn.org.uk/Get-Involved/Forums/Public-Health-Forum. These pages are regularly updated, related to all four UK countries and linked to further resources through the RCN Library. Please 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.

This is the fourth edition of published guidelines and standards in the field of travel health medicine. Previous documents have inspired nurses in Australia, Japan, the Netherlands, New Zealand and the USA to develop their own guidance. In 2020, travel health nursing

gained speciality recognition in the USA through the American Nursing Association (ANA) (Richards and Rosselot, 2021). Following an audit and evaluation (Currie, et al., 2017), revised editions of this document continue to respond to the survey by retaining and updating elements that nurses find most useful, for example, the pre-travel risk assessment and risk management which underpin the pre-travel consultation and form the keystone of travel medicine practice. Following a Nursing and Midwifery Council (NMC) Fitness to Practice case related to travel health advice, these forms were carefully developed to help the nurse document in a simple but efficient way in order to offer as much protection as possible. These forms have again been updated to reflect the changing nature of the discipline and to travel health service provision.

Undertaking the delivery of travel health services requires competence, as defined in 'The competency framework for travel health nurses' on pages 38-44. The NHS Knowledge and Skills Framework (RCN, 2005) has core and specific dimensions, descriptors and indicators, describing novice to expert level. This enables nurses to identify their current level and see how they can progress to a higher level of competence. 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 are able to demonstrate how they meet increasingly challenging levels of competence (RCN, 2018, Chiodini et al., 2020). Therefore, an expert nurse is able to function across the entire range of descriptors of practice. Information on current guidelines and standards for the care of travellers by appropriately registered practitioners has been revised and updated. The focus remains on the work of a registered nurse, defining standards expected for:

- competent nurse (level 5)
- experienced/proficient nurse (level 6)
- senior practitioner/expert nurse (level 7).

The information is equally applicable to other qualified practitioners providing travel health services, including doctors and pharmacists.

Several political and professional issues and initiatives continue to be addressed, including:

- a need for leadership in specialist nursing
- a need for development of standards relevant to all four UK countries
- increased focus on work-based and lifelong learning and supervision
- changing focus towards professional rather than academic accreditation.

NMC specialist practitioner's accreditation for public health nursing:

nmc.org.uk/standards/standards-for-post-registration/pre-2022-post-registration-standards/standards-of-proficiency-for-specialist-community-public-health-nurses

Nurses continue to contribute to the travel health agenda through several national and international bodies. Formal training and qualifications in travel medicine have been available in the UK since 1995. The Faculty of Travel Medicine (FTM) at the Royal College of Physicians and Surgeons of Glasgow (RCPSG), was established in 2006. The FTM

publications (Chiodini, et al., 2012 and Chiodini et al., 2020) are complementary and can be used in conjunction with this document to support nurses, doctors and pharmacists delivering travel health services to achieve optimum safe practice for practitioners and travellers. For doctors and nurses working in general practice and the private travel sector in England, the recently published guidance from the Care Quality Commission (CQC) should also be observed (CQC, 2022).

It is anticipated that expert nurses, as described in this document, should have sufficient qualifications and experience to be awarded FTM membership.

With the process of revalidation now in place, this updated integrated career and competency framework remains important for travel medicine practitioners. We hope this document continues to meet the needs of those delivering travel health services in this dynamic area of practice.

1. How to use the competency framework

Nurses working in the field of travel health practice work in a variety of settings, including primary care, occupational health, NHS clinics in secondary care, private travel clinics, armed services, universities and schools. The scope of practice depends on a variety of factors, which vary between settings and the different requirements for the NHS or the private sector, for example. Therefore, while the broadest spectrum of practice has been included in the descriptors and levels of practice, some elements may not be covered. The descriptors and levels do however provide an indication of the expected ability to function at that level.

Producing evidence – revalidation

Health care professionals are responsible for producing their own portfolios of evidence of competence. Revalidation came into effect in April 2016 and is a process that nurses and midwives in the UK need to follow in order to maintain their professional registration with the NMC.

Every three years, in order to renew NMC registration, nurses must produce or maintain a revalidation portfolio that demonstrates:

- 450 practice hours, or 900 if renewing as both a nurse and midwife
- 35 hours of CPD including 20 hours of participatory learning
- five pieces of practice-related feedback
- five written reflective accounts
- reflective discussion
- health and character declaration
- professional indemnity arrangement.

On completion, a confirmation declaration is signed and submitted online to the NMC.

For more information on revalidation visit: nmc.org.uk/revalidation

While this framework provides comprehensive guidance for nurses working in travel health, it should be used flexibly and within the context of meeting revalidation requirements. It can help individuals to determine the scope of their current level of practice, determine current and future development needs, and can help prepare individuals to progress into roles in line with changing needs in the field of travel health.

Please note, the title ‘nurse consultant’ is referred to in this publication. This is defined as a clinical expert in travel health/medicine with responsibility for travel health/medicine leadership, including strategic development of policy and practice, research, education and advanced clinical practice. Also, advanced knowledge of national and international innovations that contribute to travel health/medicine service provision. For further information, visit the clinical pages on the RCN website at: rcn.org.uk/professional-development/your-career/nurse/career-crossroads/career-ideas-and-inspiration/clinical

2. Travel health services in the UK

Introduction

Historically, travel health advice was mostly, but not exclusively, delivered in primary care settings. Other providers offering travel health services include private travel clinics, occupational health sectors (NHS and industry), military facilities, universities and schools. Pharmacists are becoming more involved, offering appointment flexibility, which is more acceptable to the travelling public.

Understanding travel patterns and destination preferences for travellers from the UK is valuable for those advising travellers. Travel and tourism data is collated through the Office for National Statistics (ONS, 2021), previously through the International Passenger Survey. The survey was suspended during the pandemic, so accurate data for that period is scarce and should be viewed with caution. ONS conducted a review of travel and tourism statistics, and recommended a new hybrid method of collecting data (ONS, May, 2022).

Undoubtedly, international travel and tourism was severely affected by the pandemic. As countries continue to attempt recovery, the United Nations World Tourism Organization's (UNWTO) dashboard on COVID-19 and tourism, shows data on the impact of COVID-19 on the tourism sector globally, regionally and by destination. This is a comprehensive resource providing current information and statistics (UNWTO, 2022).

In 2021, there were 1 billion fewer international tourist arrivals globally. Figures dropped everywhere, including by 93% in Asia Pacific, which was previously predicted to see increased growth. Most international borders were closed leading to a loss of revenue from tourism and trade. Many jobs related directly to tourism were lost or put at risk.

International tourism began to recover in 2022, but the pace of recovery was impacted by further COVID-19 variants and the re-introduction of travel restrictions in several destinations.

People travel abroad for a variety of reasons, including business trips, holidays, study and visits to friends and relatives (VFRs). In 2021, the number of visits abroad by UK residents was 80% down on 2019 figures, when visits reached 93.1 million.

As travel restrictions eased, holidays, followed by visits to VFRs remained the most popular reasons for travel from the UK, with Spain and France the top destinations. The UNWTO provides the most current global data (UNWTO, 2022).

Whilst some travellers seek travel health advice before they leave the UK, surveys indicate that a significant number still do not see a health care professional before departure (LaRocque et al., 2010; Schlagenhaut et al., 2015, NaTHNaC 2021a).

Education and professional support – a historic overview to current day practice

Historical information

Formal education in travel medicine commenced in 1995 at the University of Glasgow in collaboration with the Scottish Centre for Infection and Environmental Health (now Public Health Scotland). In those early days, courses at Foundation, Diploma and Masters level were developed. In 2003, full management and administration of the Diploma and Foundation courses transferred to Health Protection Scotland with the Royal College of Physicians and Surgeons of Glasgow (RCPSG) conducting assessments and awarding the Diploma qualification and course certificates. The Masters element of the course was taken into a new format (Global and International Health) at the University of Sheffield, but this has been discontinued.

In 2006, the Faculty of Travel Medicine (FTM) was formed within the RCPSG – the only faculty of travel medicine to exist in the Northern Hemisphere. The aim of the faculty is to lead the way in raising standards of practice and achieving uniformity in provision of travel medicine services to protect the health of travellers. This was the first time that nurses and pharmacists were eligible to become Associates, Members and Fellows of the FTM in this medical Royal College, using aligned post nominal qualifications to denote their seniority and experience. The FTM acquired responsibility for the Diploma and Foundation courses in 2011. They also developed the Membership of the Faculty of Travel Medicine examination (MFTM), so that practitioners could take a membership examination (with or without undertaking the Diploma course). Successful candidates were eligible to join the faculty and use these post nominal qualifications. The MFTM examinations were paused prior to the COVID-19 pandemic and news of their return is still awaited.

Current education in travel medicine

A number of private companies provide an entry level introductory two-day training course in travel health. The suggested curriculum and trainer qualifications were described in *Good Practice Guidance for Providing a Travel Health Service* from the Faculty of Travel Medicine (Chiodini et al., 2020). For further information, see pages 15 to 17 in this publication, which can be found at: rcpsg.ac.uk/travel-medicine/good-practice-guidance-for-providing-a-travel-health-service

In 2019, a Professional Diploma in Travel Health run by the Liverpool School of Tropical Medicine developed together with NaTHNaC, was launched. The online course can be studied over six to 24 months. NaTHNaC also provides other short courses which can be viewed on their website. In addition, TRAVAX provides details of courses – see the ‘Education and training in travel health’ section on page 64.

The Faculty of Travel Medicine provides a pathway of education in travel medicine, including a Professional Development Certificate which launched in 2021. The online course takes six months to complete.

In January 2022, a new RCPSG Postgraduate Diploma in Travel Medicine, credit rated by Glasgow Caledonian University (GCU) was launched, providing students with 120 credits at Masters level, and allowing admission to membership of the FTM if successfully

passed. Those who successfully complete the RCPSG Postgraduate Diploma in Travel Medicine may then progress to a higher qualification, a Masters in Advanced Practice (Travel Medicine), studying at GCU. The RCPSG also provides a Postgraduate Diploma in Expedition and Wilderness Medicine, which enables successful students to progress to a Masters in Advanced Practice (Expedition and Wilderness Medicine), also at GCU.

Nurse specific contribution to UK travel health

Nurses have been at the forefront of travel health care in the UK since the early 1990s, and the RCN was among the first bodies to recognise travel health nursing as a specialist area of practice. In 1994, the RCN Travel Health Group – which subsequently became a special interest group and then a forum from 2000, began to produce newsletters and hold conferences for nurses working in the field. Membership of the group exceeded over 5,000 at its height and was highly active in the support of education and standards for nurses working in the field. In 2010, the RCN Travel Health Forum was merged into the RCN's Public Health Forum.

Nurses continue to work in leadership roles within the RCN Public Health Forum, the Faculty of Travel Medicine (RCPSG), the National Travel Health Network and Centre within the United Kingdom Health Security Agency (UKHSA), and the Travel and International Health Team of Public Health Scotland (PHS). Nurses qualified in travel medicine also provide the majority of the entry level training to this field of practice.

Travel health service factors

Who can deliver travel health care?

Travel health care can be delivered by registered health care practitioners who are appropriately trained and demonstrate competence in this field of practice. Nursing associates became registrants under the NMC in January 2019 (NMC, 2018b), so since the last review of this publication, they became a new group of nurses who could deliver travel health services. Currently, there are certain prescribing obstacles for the administration of travel vaccines for this particular group that need to be taken into consideration as explained under the 'Prescribing, supplying and administering travel vaccines' section on pages 16-17.

Service delivery

Service delivery does vary between the four countries of the UK as described below.

England

In 2019, NHS England and NHS improvement published a document: *Interim findings of the Vaccinations and Immunisations* (NHS England, 2019), which looked at a review of this subject in preparation for the forthcoming five-year framework for GP contract reform, being undertaken at the time. From April 2020, the GP contract included the NHS travel vaccines to be given in general practice as an essential service (as opposed to an additional service in the previous contract) (BMA and NHS England, 2020a). The outcome of this decision meant that for travel, a GP surgery in England must provide travel health

services including all the NHS travel vaccines as this service is paid for within their global sum. Therefore, whereas previously it was feasible to opt out of a travel service, from April 2020 and thereafter for the five years of the contract, the service of travel health must be provided within an NHS GP surgery. This includes undertaking a pre travel risk assessment, travel health advice, administration of the NHS travel vaccines and malaria prevention advice. In addition, other identified risks, including those where a private travel vaccine may be appropriate, need to be highlighted. This would include directing the traveller to a private travel clinic if necessary. A GP surgery is also permitted to provide this private aspect of the service if they wish, and therefore charge for these private vaccines (BMA, 2020b), but they are not obliged to do so.

In May 2022, the CQC published a new GP mythbuster 107: Pre-travel health services ([cqc.org.uk/node/8422](https://www.cqc.org.uk/node/8422)). This explained the settings where travel health was delivered and stated that NHS primary care settings provide a large proportion of travel health care to their registered eligible patients with the care being mainly delivered by nurses. It stated that providing travel health services is part of the core GP contract and as an essential service, must be provided to patients (CQC, 2022).

For those working in an NHS general practice setting, this guidance document is essential reading and should be brought to the attention of GPs and management within the practice.

Recent reporting indicates that NHS England has begun work on a national vaccination service (Pulse, 2022). A board meeting was held in May 2022 between NHS England and NHS Improvement, which indicated in the minutes that: *“Opportunities for alignment and co-administration including catch up across all our vaccination programmes continues and the development of a long-term NHS vaccination service has commenced,”* (see item 44, NHS England, 2022), but no further information has been made available at the time of publication of this document.

Scotland

On 1 April 2022, the process to access NHS travel health services in Scotland changed and fitfortravel (fitfortravel.nhs.uk) became the national entry point for travellers seeking free travel advice and vaccines provided by NHS Scotland. If a traveller cannot access fitfortravel, they are advised to call the NHS inform helpline on 0800 22 44 88 for information on local travel health service provision. The NHS inform call handler will not provide the traveller with a travel health risk assessment, but can guide them through fitfortravel content and advise on how to access travel health services in their local health board.

The changes to travel health service provision in Scotland are rooted in the Scottish governments Vaccination Transformation Programme (VTP). In April 2018, Scotland began its national VTP aiming to move the established immunisation delivery models based in general practice to new delivery models led by NHS Health Boards. Scottish Government led the VTP, driving the redesign of all national routine immunisation programmes and the delivery of travel health advice and vaccines. The Scottish Chief Medical Officer Directorate published detailed information on the changes to travel health service provision in Scotland (Scottish Government, 2022).

Scottish Health Boards are now responsible for local travel health service provision and must adhere to the minimum standards set out in the *Good Practice for Guidance for Providing a Travel Health Service* document published by the Faculty of Travel Medicine of

the Royal College of Physicians and Surgeons of Glasgow. The national specification set out by the Scottish Government is a two-part operational model as follows:

- part 1: The prescription and administration of vaccines that are currently available free of charge in the NHS
- part 2: Facilitated access to non-NHS provided travel health services, including prescription or signposting of anti-malarial prophylaxis and vaccines which are not available free of charge in the NHS.

Wales

GP surgeries in Wales are expected to provide the travel vaccinations that are available on the NHS, and these are covered under additional services within the GP contract. The private travel vaccines that attract a fee do not have to be given by practices (NHS 111 Wales, 2017, BMA, 2022a).

Northern Ireland

GP surgeries in Northern Ireland are expected to provide the travel vaccinations that are available on the NHS, and these are covered under additional services within the GP contract. The private travel vaccines that attract a fee do not have to be given by practices (BMA, 2022b).

Governance within travel health settings

- In England, GP surgeries and private travel clinics must be registered under the Care Quality Commission (CQC). Pharmacy-led private travel clinics are currently registered under the General Pharmaceutical Council, although in these settings, if the service is delivered by a nurse or a doctor, then the CQC regulations still apply. Travel health services provided in an occupational or military setting will work under their own standards of practice and are exempt from CQC registration (CQC, 2022).
- The situation is similar in Scotland where private clinics are registered with Healthcare Improvement Scotland (HIS).
- In Wales, private clinics are registered with the Healthcare Inspectorate Wales (HIW) as private health care providers.
- The Regulation and Quality Improvement Authority (RQIA) is the regulator for private clinics in Northern Ireland, although they currently appear to have no private travel clinics registered.
- Under the World Health Organization (WHO) International Health Regulations (IHRs), the state party for England, Wales and Northern Ireland is the NaTHNaC, which has responsibility for administering Yellow Fever Vaccination Centres (YFVCs) (NaTHNaC, 2022a). In Scotland, the state party is Public Health Scotland (PHS, 2021).

Yellow fever training is now mandatory for all individuals administering yellow fever vaccine. NaTHNaC and PHS provide yellow fever training online (either an eLearning module or tutor led training) and all health professionals working at the YFVC or multiple YFVCs must undertake the required training every two years (NaTHNaC, 2022a, PHS, 2021).

In a position paper of the FTM, published by the RCPSG in 2014, the authors acknowledged that travel medicine is not currently a recognised medical specialty in the UK or the Republic of Ireland, and that within the UK and Ireland, there is a lack of structure and delivery of travel medicine services, absence of a formal training pathway to a recognised professional standard, and lack of assurance of practice against defined standards. Whilst travel medicine as a specialty continues to remain unrecognised, in October 2020, the FTM published an important document entitled: *Good Practice Guidance for Providing a Travel Health Service*, (Chiodini et al., 2020). This publication was developed for all health care professionals involved in, or considering embarking on, travel health practice. The following facts were presented in key statements:

- 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
- travel health care is delivered in a variety of settings, but the standard of care should be equally high no matter where it is practiced
- 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 and large enough in which to place a desk, computer, seating for the health care provider and traveller, as well as a fully reclining clinical chair/clinical bed for use when vaccinating travellers who are prone to fainting
- included assurance and governance regarding topics such as the standard of the consultation; record keeping and documentation; legal framework for prescribing of medicines in the UK; governance of travel medicine practitioners; regulatory differences in the UK
- required training and a further supervised period of consolidation to achieve competence before seeing travelers was detailed
- further training and how continuous professional development should be maintained in this field of practice was included
- the recommendations for the qualifications of trainers were described
- the Competency Assessment Tool for travel health practitioners from the FTM RCPSG, provides evidence of measurable standards of practice. This tool, which was developed in line with this RCN publication, is provided both in PDF and as an editable Word document. This online assessment tool allows the practitioner to be signed off as competent prior to providing pre travel consultations unsupervised.
- the guidance stipulated that each workplace or organisation needs to ensure a practitioner new to travel health practice has this supervision. It was recommended that this supervising practitioner needs to have good, up-to-date knowledge of travel medicine with evidence of clinical practice in this specialist area.

Readers of this RCN publication are strongly recommended to use its contents now in conjunction with the *Good Practice Guidance for Delivering a Travel Health Service* document, each of which help to protect practitioners in this complex field of practice and ultimately maximise the potential for protecting the health of the traveller. The

Competency Assessment Tool for Travel Health Practitioners can be found at: rcpsg.ac.uk/travel-medicine/good-practice-guidance-for-providing-a-travel-health-service

Financial provision

Funding of travel vaccinations both on the NHS and as a private provision has been a complex issue for many years and description of such has been included in the previous version of this document. Basic information for England, Wales and Northern Ireland is available from the NHS (BMA, 2012, NHS 2018, NHS, 2019) or can be reviewed at: janechiodini.co.uk/help/faqs/faq-2-charging-vaccines. In Scotland, the GMS Statement of Financial Entitlements 2020-21 (table 15) contains information about which vaccinations for the purposes of foreign travel the Scottish NHS can provide (Scottish Government Health and Social Care Directorates, 2020/2021).

In summary, across the UK, travel vaccines are available to travellers within an NHS provision as a public health measure to protect against cholera, hepatitis A, typhoid and polio (only available in a combined tetanus, polio and diphtheria vaccine). In addition, anyone who has not received two doses of measles, mumps and rubella vaccine (MMR) in the national immunisation programme, remains eligible for this vaccine as an NHS provision. A small group of individuals, for example, those under the age of 16 years may warrant vaccination against tuberculosis for certain travel as an NHS provision, but the guidance within the Green Book must be followed (UKHSA, 2018).

Vaccines which are private to provide disease protection for travellers are hepatitis B; Japanese encephalitis; meningococcal ACWY; rabies; tick borne encephalitis and yellow fever. Other new vaccines are anticipated to become available in the future including disease protection against dengue and chikungunya, but these would also be a private provision. Malaria chemoprophylactic drugs are a private provision since the risk of the disease does not pose a public health risk in the UK.

Prescribing, supplying and administering travel vaccines

The prescribing of travel vaccines is complex. The following information provides a basic outline, but further reading is recommended (see the resources section).

Doctors are by far the largest group of prescribers, who along with dentists, prescribe on registration. They have been joined by non-medical independent and supplementary prescribers from a range of other health care professions, who are able to prescribe within their scope of practice once they have completed an approved education programme. This extension of prescribing responsibilities to other professional groups is likely to continue where it is safe to do so and there is a clear patient benefit (Jenkins J, 2021). All travel vaccines could be prescribed by a doctor, nurse or pharmacist independent/supplementary prescriber, as long as travel medicine care is within their scope of practice.

The setting where administration of these vaccines occurs, often determines what happens.

- In an NHS setting, travel vaccines are most often supplied under a Patient Group Direction (PGD). Some national PGD templates have been developed in England and Scotland for a number of these products. However, PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional

to practise only within the bounds of their own competence and professional code of conduct. Such or similar wording is found on the signatory section of national PGD templates and individuals signing the document, then agree to abide by the legal framework of the document (UKHSA, 2022b, PHS, 2022). Note, nursing associates (and physician associates) cannot operate under a PGD currently, as they are not included in the legislation to do so (SPS, 2021).

- As an alternative, Patient Specific Directions (PSDs) can be used, or vaccines can also be prescribed. This method would be useful in the situation of a nursing associate who cannot work within a PGD or in the situation described in section 3, *How to Conduct a Risk Assessment*, point 5. The prescriber of the PSD is responsible for assessment of the patient and the decision to authorise the supply/administration of the medicine(s) in question. The prescriber has a duty of care and is professionally and legally accountable for the care they provide. The prescriber must also be satisfied that the person to whom the administration is delegated has the qualifications, experience, knowledge, and skills to provide the care or treatment involved. A person who supplies or administers a medicine is accountable for their own practice and must be trained and competent to undertake such tasks. They must act according to their level of competence and in accordance with the directions of the prescriber (Jenkins J, 2020a). Travel vaccines must not be administered without the PSD or prescription being signed prior to administration if this method is to be used.
- In the *Human Medicines Regulations 2012*, an exemption was made for the provision of prescribing within private practice. An NHS GP practice can now, in law, develop their own PGDs for use in their private practice (non NHS work), for example, for the administration of travel vaccines (such as yellow fever, rabies, tick borne encephalitis and Japanese encephalitis) (Chiodini J, 2015). If they choose not to do so, then these vaccines can be administered under a PSD or prescribed by a medical or non-medical prescriber.
- Private travel clinics can operate under PGDs for all vaccines. Alternatively, if the health care professional is a prescriber as previously described, then they can operate independently.
- Travel vaccines given within Occupational Health Schemes (OHS) are exempt from this regulation but must operate under their own written instruction (BMA, 2019). This area is complex and requires further research. The NHS Specialist Pharmacy Services provides a page of resources on PGDs and Occupational Health Service, which includes a helpful FAQ document (Jenkins J, 2020b, SPS, 2022a).
- In military settings, the Defence Primary Healthcare (DPHC) service provides travel vaccines and malaria chemoprophylaxis through PGDs (and PSDs if required), which is covered by relevant leaflets in the Joint Service Publication (JSP) 950 Medical Policy (GOV.UK, 2014). There are also guidance notes in DPHC. All service personnel access such services through DPHC for service-related travel. Most UK-based dependents are registered with a civilian GP and their travel medicine service requirements are accessed in the usual way if a posting abroad requires such protection.

Administration of travel vaccines

Registered nurses who are fully trained and competent can administer travel vaccines.

In England, Wales and Northern Ireland, all practitioners should be familiar with the Public Health England National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners (UKHSA, 2018). The aim of these standards is to describe the training that should be given to all practitioners engaging in any aspect of immunisation, so that they are able to promote and administer vaccinations confidently, competently, and effectively. Therefore, those undertaking travel health practice should already have undertaken this specific training. In addition, the publication states *“those who give travel immunisations will require specific training on travel health – a generic immunisation course alone would not be sufficient”*.

National Minimum Standards and Core Curriculum for Immunisation Training of Healthcare Support Workers (HCSWs) was published by the PHE for the administration of influenza and pneumococcal vaccines. It is not current practice for HCSWs to administer childhood, travel, or other vaccines in the UK (PHE, 2015, RCN, 2019a).

In Scotland, NHS Education for Scotland (NES) and Public Health Scotland (PHS) have developed immunisation learning programmes for registered health care practitioners and health care support workers. The Promoting Effective Immunisation Practice (PEIP) programme aligns with the above National Minimum Standards and Core Curricula for Immunisation Training and is available free through the NES TURAS Learn digital platform (NES, 2022).

Indemnity cover

If administering travel vaccines, it is important to ensure you have adequate and appropriate indemnity cover. In 2019, the Clinical Negligence Scheme for General Practice (CNSGP) operated by NHS Resolution provided indemnity cover to all staff working in NHS General Practice services in England, which included all practice nurses, locums, self-employed workers and trainees (NHS Resolution, 2021). The General Medical Practice Indemnity (GMPI) provided a similar scheme in Wales at the same time. Nursing staff do not need to pay or apply to register for the scheme.

This indemnity provides cover for all NHS vaccines administered in a general practice. If the GP surgery provides private travel vaccines as well, then that aspect of practice is not covered by the CNSGP, and alternative arrangements need to be secured from another medical defence organisation. RCN membership provides indemnity, and their scheme includes the private travel vaccines (RCN, 2022). The CNSGP scheme alone is not sufficient cover for you as a registered nurse, so you will also need professional indemnity to cover for issues like employment advice, NMC referrals, inquests, and other potential legal issues. Indemnity cover is also now a requirement of registration with the NMC and proof of such has to be declared on revalidation (NMC, 2022).

3. Pre-travel risk assessment and risk management

Introduction

The concept of the pre-travel risk assessment is important in evaluating and managing the advice required to minimise the traveller's risks. The structure, reasons for performing assessments, and the practical aspects of essential documentation are considered necessary for best practice in the travel health consultation.

National online websites should always be consulted for the latest information on the country specific risks – to help inform the traveller on vaccine and any malaria recommendations, entry requirements and destination disease outbreaks. The main resources in the UK are: TRAVAX and fitfortravel, which is continually maintained by the Travel and International Health Team at Public Health Scotland (travax.nhs.uk), (fitfortravel.nhs.uk/home) and TravelHealthPro from NaTHNaC, which is commissioned by the UKHSA (travelhealthpro.org.uk).

Produced by the UK National Centres of excellence, these resources are reliable and current. Practitioners should also have access to the latest online versions of *Immunisation against infectious disease*, also known as The Green Book (UKHSA, 2021) and *Guidelines for malaria prevention in travellers from the UK* (Chiodini et al., 2022).

The learning objectives of this section are to:

- understand what pre-travel risk assessment is and its importance for best practice in protecting the health of travellers
- understand the contents and reasons for conducting a pre-travel risk assessment
- be aware of the appropriate use of data collected during the assessment to determine the risk management advice required, including relevant immunisations and malaria prevention advice
- have greater insight into the practical aspects of pre-travel risk assessment, including documentation of the process
- understand the importance of using current national guidance, online websites, the Green Book and the UK Malaria Guidelines (see resources in Appendix 2)
- have the ability to evaluate relevant current travel information and resources during the travel health consultation.

What is a pre-travel risk assessment?

A pre-travel risk assessment entails the collection of information regarding the traveller and the nature of the trip (see below). You will find the pre-travel risk assessment and risk travel management forms in Appendix 1. The form can be downloaded and adapted as necessary (see the resources section).

Information about the traveller

- age and gender identity
- medical history – past and present
- relevant family history
- current health status
- for females only, pregnancy status, actual or planned, menstruation issues, has FGM been performed?
- disability – visible or invisible
- mental health status
- any other additional needs
- medication
- any known allergies
- vaccination history
- previous experience travelling
- current knowledge and interest in health risks of travel.

Information about the traveller's itinerary

- destination(s)
- departure date
- length of stay
- mode(s) of transport
- purpose of trip and planned activities
- quality of accommodation
- financial budget
- healthcare standards at destination
- relevant comprehensive insurance provision.

Reasons for asking questions

It is essential to question a traveller on the topics detailed previously. Responses can influence many things, some of which are detailed below. This knowledge will help the practitioner to assess potential risk factors before managing that risk by selecting appropriate health advice, vaccinations, malaria advice and other prevention measures.

The following section looks at some examples of what should be considered in a pre-travel risk assessment.

Please note, resources are found in Appendix 2, but for convenience, additional links are included within some of the sections below. These are mainly linked to advice pages on the NaTHNaC, TRAVAX and fitfortravel websites, for those practising in the UK. It is useful to refer to the resources links and references provided within the variety of these sites for additional interest and learning. Other international resources are also occasionally provided. It is important to be aware that vaccine and malaria prevention recommendations may vary depending on which country you are practising.

Age and gender identity

Young travellers

This relates particularly to children under five years old but includes other age groups.

- vehicle-related injuries are the leading cause of death in children who travel (Weinberg et al., 2020). If travelling with children, a child safety seat or booster seat will be required (Long and Flaherty, 2018)
- drowning is the second leading cause of death in young travellers (Weinberg et al., 2020)
- risk of illness such as malaria can be more severe. Children visiting friends and relatives (VFR) tend to be brought for consultations closer to the departure date (Hagmann et al., 2013)
- small, mobile and inquisitive toddlers, who have limited hygiene awareness and immature immune systems – put fingers in mouths, touch everything – which leads to increased risk of faecal oral transmitted illnesses and dehydration. Travellers' diarrhoea can be more severe
- children are more vulnerable than adults to the exposure of rabies (WHO, 2021)
- increased risk of other hazards like sunburn and heat exposure; careful supervision is needed
- restrictions on some choices for travel vaccines and malaria chemoprophylaxis
- risk of being subjected to female genital mutilation (FGM) for young female travellers
- risk of being taken abroad for the purpose of forced marriage
- in the UK, it is illegal to take a child abroad without permission from everyone with parental responsibility (all mothers and most fathers). This should be granted ahead of travel as failure to do so may be considered child abduction (GOV.UK, undated 'a').

Quick links to resources for practitioners on this topic can be found at: [NaTHNaC](#), [TRAVAX](#), [fitfortravel](#), [CDC](#) and [ROSPA](#)

Older travellers

- immune systems reduced, at greater risk of infection and serious sequelae
- immune response to immunisation may diminish with advancing age
- senses reduced, therefore at greater risk of accidents
- pre-existing medical conditions such as diabetes and coronary heart disease can lead to complications
- primary immunisation may not have been administered if born prior to implementation of national programmes
- evidence of increasing risk of sexually transmitted diseases in the over 50-year-old age group (Age UK, 2019)
- increased risk of serious adverse events following a first dose of yellow fever vaccine in those over 60 years (Lindsey et al., 2016, MHRA et al., 2019)
- in travellers from the UK, mortality from malaria increases with age. Elderly travellers need to be targeted for pre-travel advice (Checkley, et al., 2012, Allen et al., 2016)
- awareness of cognitive decline in older travellers (Bauer, 2019)
- communication skills and awareness of barriers impacted by a lack of technology skills (NIH, 2017).

Quick links to resources for practitioners on this topic can be found here: [NaTHNaC](#) and [CDC](#).

Female travellers

- security risk possibly increased if travelling alone (Kennedy and Flaherty, 2015)
- need to be culturally sensitive in personal dress sense and conduct
- sexual health issues should be considered (NaTHNaC, 2019a, TRAVAX, 2022a)
- if of childbearing age, need to determine that there is no possibility of being pregnant at time of travel and establish if currently trying to conceive (TRAVAX, 2021a)
- consideration of issues when administering travel vaccines in pregnancy
- appropriate Zika prevention advice if travelling when pregnant or planning to conceive (UKHSA, 2019)
- problems associated with contraception, travelling while managing menstruation (Borwein, 2019), (TRAVAX, 2022b)
- risk of being subjected to female genital mutilation (FGM) (RCN, 2020)
- risk of being taken abroad for the purpose of forced marriage.

Quick links to resources for practitioners on this topic can be found here: [NaTHNaC](#), [TRAVAX](#), [fitfortravel](#), and [CDC](#).

Male travellers

- risk of road traffic injuries is higher in five to 29-year-old age groups. From a young age, males are more likely to be involved in road traffic crashes than females. About three quarters (73%) of all road traffic deaths occur among young males under the age of 25 years who are almost three times as likely to be killed in a road traffic crash as young females (WHO, 2022). The *10 Facts about road safety* from the WHO is useful to share with travellers and can be found at: [who.int/news-room/facts-in-pictures/detail/road-safety](https://www.who.int/news-room/facts-in-pictures/detail/road-safety)
- sexual health issues should be considered (NaTHNaC, 2019a), (TRAVAX, 2022a)
- appropriate Zika prevention advice if travelling when partner is pregnant, or the couple has plans to conceive (UKHSA, 2019).

Lesbian, gay, bisexual, transgender and queer (LGBTQ+) travellers:

- attitudes towards LGBTQ+ travellers vary greatly around the world. In some countries homosexuality and/or homosexual relations are illegal and people can be subject to severe penalties for their sexual orientation. Punishment can include imprisonment or death (FCDO, 2022)
- application to change gender on a passport needs to be researched. British transexual or transgender citizens need to supply a Gender Recognition Certificate (GOV.UK, undated 'b')
- LGBTQ+ travellers are advised to carefully research acceptance of LGBTQ+ in the culture/ country to be visited (Asher and Lyric, 2022)
- men who have sex with men (MSM) may require vaccinations against hepatitis A, hepatitis B, human papilloma virus (HPV) and/or monkeypox (TRAVAX, 2022a, UKHSA, 2022a).

Quick links to resources for practitioners on this topic can be found here: [TRAVAX](#), [fitfortravel](#), [FCDO](#), [ILGA](#), [RCN Travel Health resources](#) and [CDC](#).

Medical history

Past and present medical history and current health status:

- previous medical history and current health status may impact on the choice of destination; for example, a person who has had their spleen removed would be at increased risk of severe illness, when visiting a destination where malaria, particularly *P. falciparum*, is endemic, or for travellers with sickle cell anaemia or coeliac disease (NaTHNaC, 2021b, UKHSA, 2022c)
- those with other ongoing medical problems may require specialist advice; for example, those with severe renal or liver disease would need advice regarding malaria chemoprophylaxis. Where kidney dialysis is required, guidance on the availability of service provision at the destination and the wisdom of travelling at all should be explored, preferably well in advance of departure (NaTHNaC, 2022b).
- consideration should be given to immunocompromised travellers, the level of immune compromise and reasons for immunosuppressive treatment; some live vaccines may

be contraindicated and other vaccines may be less effective (UKHSA, 2017, UKHSA, 2020). Fitness to travel may impact on the need to seek medical treatment overseas, whether or not the condition is stable on departure. Medical facilities and medications need to be discussed for availability, storage and transport across borders for those with, for example, rheumatic disease or history of solid organ or stem cell transplants (NaTHNaC 2022c, TRAVAX 2022, Kotton et al., 2019)

- people with pre-existing conditions such as diabetes or coronary heart disease may be at higher risk if illness occurs overseas, increasing their need for medical attention that may be of variable quality (NaTHNaC, 2021c, TRAVAX, 2020a)
- people with a family history of relevant illness; for example, the condition of epilepsy in a first degree relative may influence the choice of the malarial chemoprophylactic drug options (Chiodini et al., 2022). A formal letter may be required for immigration purposes. See the section on medication below
- recent surgery or a long-term medical problem such as respiratory disease may impact on travel, and a fitness to fly examination may be required (UKCAA 2022a). Where treatment abroad (medical tourism) is given as the reason for travel, advanced planning is essential (TRAVAX, 2022c, NHS, 2021, NaTHNaC, 2021d, Benowitz and Gaines, 2020)
- visible or invisible disabilities/additional needs may impact on type of trip, limit activities, and create increased need for medical care, which may be of variable quality (TRAVAX, 2020b, NaTHNaC, 2021e)
- HIV-infected people may be denied entry into some countries (The Global Database at hivtravel.org); if entry is permitted, their immune status will need to be known prior to administration of some vaccines, and for tailoring individual advice. Practitioners should be aware of the British HIV Association (BHIVA) guidelines on the use of vaccines in HIV positive adults (BHIVA, 2015, NaTHNaC, 2022d, TRAVAX, 2022d)
- psychiatric history and mental health status may impact on long-term travel or expatriate lifestyle (TRAVAX, 2021b). For example, mefloquine for malaria chemoprophylaxis is contraindicated for certain psychiatric or mental health conditions (Chiodini et al., 2022) and caution is required when carrying prescribed medication. Careful planning and comprehensive insurance are essential (FCDO, 2020)
- pregnancy increases risk from malaria and other insect-borne diseases like Zika, chikungunya and dengue, and infectious diseases such as COVID-19, hepatitis A and hepatitis E. If complications occur in the pregnancy, medical intervention may be required but reliable medical care may not be available at the destination (NaTHNaC, 2021f, TRAVAX, 2021a, RCOG, 2022)
- venous thromboembolism (VTE) (deep vein thrombosis or pulmonary embolism) following a long-haul flight is a greater risk in pregnancy. An early scan should be performed ideally before travel and antenatal records should always be taken on the trip. Tour operators and airlines will set individual restrictions on a pregnant woman flying in the third trimester (UKCAA, 2022b, NaTHNaC, 2018, TRAVAX, 2021c). Specialist advice should be sought for travel insurance which covers premature delivery and the new-born. Full disclosure on the pregnancy is required (NaTHNaC, 2021f, TRAVAX, 2021d)

- breastfeeding presents some restrictions on choice of malaria chemoprophylaxis and precautions regarding administration of live vaccines need to be assessed (NaTHNaC, 2022e, TRAVAX, 2020d)
- determine wellbeing at the time of vaccination, afebrile, feeling well and fit to receive vaccinations, no possibility of pregnancy as mentioned above. Check the Green Book for specific vaccine information before vaccinating a pregnant woman and those with other medical conditions (UKHSA, 2017).

Medication

- some prescribed medication could contraindicate malaria chemoprophylaxis or live vaccines
- a woman on the oral contraceptive pill could lose contraceptive efficacy if she suffers travellers' diarrhoea
- specialist advice is required for those on medication such as insulin or antiviral treatment
- safe storage of drugs in transit, particularly for drugs that need refrigeration
- elderly people on regular medication should be aware of the importance of continuing regular administration despite crossing time zones, inconvenience of diuretics and resulting diuresis
- generally taking sufficient supplies of medication for an entire trip is recommended due to problems of counterfeit medicines found abroad, however the quantity may be dictated by the destination. It is advisable to take medication in its original pharmacy packaging or have a doctor's letter to confirm personal prescription. Problems can occur when taking drugs into other countries where the legal status may be different to the UK and restrictions are in place regarding controlled drugs. Correct paperwork can be helpful at the point of entry to a country (NaTHNaC, 2019b, TRAVAX, 2021e, NHS, 2021)
- be aware of restrictions for carrying medication and medical equipment through airport security, on the aircraft and at immigration (check the latest information on restricted items) (GOV.UK, undated 'c').

Allergies to drugs or food/reaction to vaccination

- establish if there was a true anaphylactic reaction to vaccines previously administered to avoid similar event. It should be noted that anaphylactic reaction to vaccines is extremely rare (UKHSA, 2017, UKHSA, 2013b, TRAVAX, 2021f) and should be reported on the MHRA Yellow Card system (GOV.UK, undated 'd')
- establish if there was a true anaphylactic reaction to vaccines previously administered to avoid a similar event
- establish allergy to, for example foods, specific drugs or latex; establish if there is a true anaphylactic reaction to eggs, which are used in the manufacture of some vaccines (OVG, 2022), provide specific advice to minimise problems to severe reactions to insect bites

- establish previous severe adverse reactions/events to malaria chemoprophylaxis
- consider arrangements for the traveller to carry with them a supply of epinephrine (adrenaline) for emergency use where there is a history of severe allergic reaction to an agent (Resuscitation Council UK, 2021)
- establish a history of, or the possibility of fainting by enquiring before administering vaccines. Fainting is more common than anaphylaxis and practitioners need to know the difference between the two (Australian Immunisation Handbook 2018).

Previous travelling experience

- establish previous travel experience to identify any problems in the past, for example, difficulty in compliance with any malaria chemoprophylaxis, whether more prone to travellers' diarrhoea, insect bites
- deliver advice in an appropriate way so that it is more likely to be accepted by travellers (BMJ, 2012, Chiodini et al., 2020).

Current knowledge and interest in health risks

- establish the level of knowledge and concept of health risks of the traveller so that appropriate travel health advice can be given
- consider traveller's attitude – for example, a risk taker or risk averse
- establish general interest and response to advice that may be given to encourage self-learning; for example, suggest well regarded internet sites to increase knowledge further.

Travellers visiting friends and relatives (VFRs)

- VFR travellers have a different risk profile to other types of travellers – tending to travel for longer, live as part of the local community, may not seek pre-travel advice, and underestimate their health risks (NaTHNaC, 2021a, TRAVAX, 2022e)
- data suggests that VFR travellers are less likely than other travellers visiting Africa to take anti-malarial prophylaxis; this is possibly because they underestimate the risk of acquiring malaria, and do not appreciate that natural immunity wanes after migrating to the UK; second generation family members will have no clinically relevant immunity to malaria (Chiodini et al., 2022)
- those VFRs in countries with endemic malaria make up the majority of cases of falciparum malaria in the UK, but the risks of this group dying from malaria are much smaller than for other travellers, with most deaths occurring in tourists (Checkley et al., 2012)
- consultation with VFRs should explore their values and beliefs, and the practitioner should deliver advice accordingly; the importance of health risks should be stressed such as how essential it is to take appropriate chemoprophylaxis when travelling to areas where malaria is endemic (UKHSA, 2022e)

- cultural awareness and communication skills can impact a successful consultation. Use of a professional translation service needs to be considered if there is a language barrier (Chiodini et al., 2020).

Quick links to resources for practitioners on this topic can be found here: [NaTHNaC](#), [TRAVAX](#), [fitfortravel](#), [UKHSA](#) and [CDC](#).

Female genital mutilation (FGM) and forced marriage

- migrants from countries with high rates of FGM may return to visit friends and relatives intending their children to undergo FGM. It is illegal to take girls who are British nationals or permanent residents of the UK abroad for FGM, whether or not it is lawful in that country (TRAVAX, 2021g). Travel health practitioners should be aware of the potential for a girl to be taken to another country for this purpose, be prepared to ask the question directly, and where appropriate, initiate safeguarding procedures or refer for further care
- to protect children and young people from harm, and help improve their wellbeing, all health care staff must have the competencies to recognise child maltreatment, opportunities to improve childhood wellbeing, and to take effective action as appropriate to their role. The importance of prevention must not be overlooked as this is integral to safeguarding (RCN, 2019b). The RCN has published specific guidance for travel health services (RCN, 2020). The Faculty of Travel Medicine has an e-learning course in relation to FGM and the pre-travel health consultation (RCPSG, 2021)
- forced marriage is an abuse of human rights and a form of violence against women and men. Where it affects children, it is classed as child abuse and for those with disabilities, abuse of vulnerable people (GOV.UK, 2022, mygov.scot, 2022). The *Guidance Forced marriage: a survivor's handbook* published by the Foreign, Commonwealth and Development Office (FCDO) is an invaluable resource to be aware of. Such activities need to be considered within a pre-travel consultation
- appropriate communication skills and access to a professional translation service may be beneficial (RCN, 2020).

Quick links to resources for practitioners on this topic can be found here: [TRAVAX](#), [fitfortravel](#), [RCN](#), [RCPSG](#) and [FORWARD UK](#).

Previous vaccination history

- having accurate information of previous vaccination history status will ensure previous vaccinations are not duplicated unnecessarily and allow time within the departure time limit to plan for appropriate catch-up and new travel-related vaccine schedules. Vaccine and other costs should be discussed and prioritised as necessary
- gather information on primary immunisation status and establish which country's schedule was followed ensuring courses were completed. Advise travellers to keep personal vaccination records and documents safe, particularly if vaccines were administered in different centres, such as a GP surgery, private travel clinics or occupational settings. Apps are now available to record data on a mobile device. See documentation to accompany the travel consultation later in this publication.

Additional needs

- identify any specific needs so that plans can be made to ensure travel arrangements and medical needs are in place; shared care may be necessary
- travellers should research the destination in advance. In case of serious health decline while abroad, comprehensive travel insurance which includes repatriation should be in place (NaTHNaC, 2021h)
- identify groups and associations that will inform and protect travellers with additional needs, such as travellers with a disability or a psychiatric disorder (NaTHNaC, 2021e, TRAVAX, 2020b)

Destinations

- using a recognised online tool, identify country-specific risks to help make recommendations. Country-specific risks include vaccine-preventable and mosquito-borne diseases, (CQC, 2022) for example, yellow fever virus is endemic in tropical areas of Africa, Central and South America, and currently in Trinidad in the Caribbean
- record stopovers in case the destination impacts on the risk assessment regarding immigration and entry requirements, such as yellow fever and COVID-19
- rural areas may pose a greater risk than urban areas, particularly for diseases such as malaria and Japanese encephalitis. In an emergency, in more remote areas, it may be difficult to reach medical help, for instance, in the event of an accident or potentially rabid wound
- location may also impact on other risks such as drowning or road traffic accidents. Some countries may have poorly constructed roads, limited road safety rules and poorly maintained vehicles (WHO, 2020, NaTHNaC, 2022f, TRAVAX, 2020c)
- accidents may be a greater risk and poor healthcare standards and facilities may also pose a greater risk from inadequate care and the inability to cope with or treat injuries
- consider the political and cultural issues at the destination and observe any UK Foreign, Commonwealth and Development Office advice
- areas at high altitude may have unknown, unpredictable effects on travellers, for example, acute mountain sickness.

Departure date

- departure date will affect the time available for giving advice and the timing of vaccine schedules
- seasonality of certain diseases will affect advice for travellers to some destinations. Diseases with a seasonal risk include Japanese encephalitis, influenza and malaria
- travellers who attend a travel advice consultation at short notice may not have time to receive optimum pre-travel advice or protection; however, it is never too late to commence

some vaccine protection or provide malaria chemoprophylaxis and give appropriate advice on essential precautions – for example, food, water, and personal hygiene advice.

Length of stay

- generally, the longer the duration of stay, the greater the likelihood of exposure to travel related health hazards
- longer stays may cross with seasons where risks can be higher or lower for certain diseases
- travellers are sometimes less cautious on a long stay, which may increase personal health risks, for example, relaxing adherence to malaria chemoprophylaxis or indulging in risky behaviour
- advice on the use of malaria chemoprophylaxis is different for long-stay travellers and the practitioner may need specialist knowledge.

Transport mode

- long haul travel is most commonly by air, but travel by sea and overland journeys should also be considered when assessing individual risk. Explore transport plans within the destination(s)
- risk of travel-associated complications due to prolonged periods of immobility while travelling, such as Venous Thromboembolism (VTE), should be considered for travellers with pre-disposing factors (NaTHNaC, 2018)
- any pre-existing medical condition or situation may raise concerns about fitness to travel, and an examination prior to the trip may be necessary; for example, respiratory or cardiovascular disorders, psychiatric illness, pregnancy and gastro-intestinal surgery (IATA, 2020, UKCAA, 2022a). Individual airlines may vary on required intervals
- cruise ship travel is popular with all age groups, issues for consideration during shore trips could include risk of yellow fever and/or the requirement for a certificate under IHR for entry into some countries; risk of disease outbreaks such as influenza, norovirus or COVID-19; and physical problems such as a disability or sea sickness (NaTHNaC, 2022g, TRAVAX, 2022f).

Purpose of trip and planned activities

- people travel for many reasons, and it is important to establish the reason because this impacts on potential risks and how tailored pre-travel health advice is given
- holidaymakers may take risks they would not take at home because they are relaxed, want to enjoy the experience, and may fail to consider potential risks. Package tours generally provide some security, but that too can lead to complacency or overindulgence; this is particularly true for inclusive holidays aimed at younger age groups where limitless alcohol is made available (Drinkaware, 2017, IAMAT, 2020)
- backpackers and those undertaking more adventurous travel or expeditions may travel

for longer periods, visit multi-destinations and venture to less well-developed tourist areas. They may undertake risky activities, for example, camping in high-risk areas where malaria and other mosquito-borne diseases like yellow fever and dengue are transmitted. They often take part in more hazardous activities such as water sports like scuba diving and white-water rafting, bungee jumping, trekking, climbing or skiing. Facilities, equipment and supervision may be inadequate and not subject to the same health and safety scrutiny as the UK

- those travelling for a pilgrimage, for example – Umrah and Hajj, are at greater risk of diseases through close association such as meningococcal meningitis, influenza, COVID-19, and other respiratory diseases. Pilgrims are required to obtain an entry visa, which proves vaccination status for meningitis ACW135Y. Travellers should be made aware of annual advice from the Kingdom of Saudi Arabia Ministry of Health provided for travellers including those in vulnerable groups (NaTHNaC, 2022h, TRAVAX, 2022g)
- people working abroad face special risks depending on their type of work; for example, medical personnel working in disaster areas, or security workers going to war zones will be at greater risk of diseases of close association and water and blood borne infections (NaTHNaC, 2021f, TRAVAX, 2022h)
- business travellers if under greater pressure, making frequent short term and/or long-haul trips can experience loneliness, isolation, and a cultural divide; this group of travellers can be at risk from excessive alcohol use and casual sex (Patel, 2015, Chen et al., 2020)
- expatriate travellers can have similar experiences; they miss family, may experience language barriers and suffer psychological stress (Chen et al., 2020)
- people travelling to visit friends and relatives are at greatest risk from diseases such as malaria and may not fully understand the risks; they could have incorrect, pre-conceived ideas that they have natural protection against the disease, and may stay longer at hazardous locations such as rural areas
- travellers are more adventurous today so advice must emphasise and focus on, for example, the wider risks of accidents and environmental hazards
- the risk of sexually transmitted infections and sexual health in general should be considered for all travellers and age groups, while recognising that some travellers' risks are increased if travelling for the purpose of sexual encounters (TRAVAX, 2022a)
- social media has significant impact on traveller activity. Individuals should be aware of the increased risk and danger when meeting people through dating apps which could potentially make travellers more vulnerable when using them in a country where surroundings, cultures, customs, and communication issues add to the risk.

Medical tourism

- a growth area has seen people travelling for medical treatment including surgery, dentistry, cosmetic surgery, elective surgery and infertility treatment; the most common problems travellers experience result mainly from limited research, booking treatment without a proper consultation, aftercare arrangements, travel transport

risks (for example, VTE), lack of insurance, poor communication and language barriers (TRAVAX, 2022c, NHS, 2021, NaTHNaC, 2021d, Benowitz and Gaines, 2020).

Quality of accommodation:

- good quality air-conditioned hotels can reduce some health risks, but travellers should be advised not to be complacent about hygiene standards, especially for food preparation (NaTHNaC, 2019c, TRAVAX, 2021h)
- screened accommodation gives better protection in an area with malaria, but travellers should be advised about other personal protection and bite prevention measures for night-time and daytime (UKHSA, 2022d)
- camping and living rough will increase travel health risks.

Financial budget

- budget often dictates the quality of eating places, but food hygiene is not always guaranteed in an expensive venue
- generally, travellers should be advised not to eat food from street vendors because of potentially poor (or risky) hygiene standards and the quality and storage of the food used; however, sometimes the reverse is true if it is possible to observe the thorough cooking of fresh food at high temperatures
- backpackers often have to manage their trip within a tight budget and need to be aware of the increased risk of using cheaper forms of transport, living in poorer accommodation, and having less money for medical help.
- all travellers should make it a priority to buy comprehensive travel insurance which includes medical repatriation before travelling, and always carry details of policy documents or be able to access these electronically. Special attention should be given to the pregnant traveller's insurance including cover of the foetus for situations like premature delivery and subsequent care of the baby
- practitioners need to be flexible and provide sufficient information to help the traveller to prioritise in situations where limited time or finances mean that the optimum recommendations cannot be followed.

Health care standards at destination

- where destination health care standards are in doubt, it is essential to take out comprehensive travel health insurance, including cover for medical repatriation before departure
- people with a pre-existing medical condition, particularly if it is serious, should consider the suitability of destinations where health care standards are poor and sparse; check that travel insurance covers such situations, and, if possible, check medical facilities in advance

- people travelling to an area where facilities may be inadequate should consider travelling with a first aid kit and sterile needle pack
- The Foreign, Commonwealth and Development Office provides the following: details of local medical care standards under the 'health' section of their country pages ([gov.uk/foreign-travel-advice](https://www.gov.uk/foreign-travel-advice)), details of the nearest British Embassy or Consulate ([gov.uk/world/embassies](https://www.gov.uk/world/embassies)) that may be able to provide assistance in an emergency, and a list of doctors and medical facilities worldwide ([gov.uk/government/collections/doctors-and-medical-facilities-worldwide-list](https://www.gov.uk/government/collections/doctors-and-medical-facilities-worldwide-list)).

Performing risk assessments

Travel risk assessment is an essential process for the health care professional advising their traveller. A main consideration is to allocate sufficient time to perform the risk assessment and deliver appropriate travel risk management advice.

Communication skills are also key to an effective consultation. Good skills would include putting the traveller at ease to establish rapport; utilising a range of communication methods and tools; allowing time for the traveller to process the information; and allowing time for questions (Chiodini et al., 2020). Reasonable steps must be taken to meet people's language and communication needs (NMC, 2018a). Use of an accredited interpreter is also very important in some situations, as previously discussed (RCN, 2020).

Appointment guidance

- it would be unsafe to allow only 10 or 15 minutes for a new travel appointment. A minimum of a 20-minute consultation appointment per person should be allowed to exercise best practice
- travellers with more complex health needs such as individuals who are immunocompromised, longer-term travellers such as backpackers, or individuals requiring malaria prevention advice relevant to their destination – will certainly need an extended consultation time of 30 minutes or longer. A yellow fever assessment (travelhealthpro.org.uk/factsheet/87/yellow-fever-pre-vaccination-checklist) is also complex and requires sufficient time to establish a required pre travel risk assessment and for comprehensive advice to be given. This one aspect could take 30 minutes or longer by itself, particularly for YFVCs who see travellers who are not registered, and whose medical records are not known or available
- when groups of travellers attend e.g., a family, then sensible timing needs to be applied and consideration given as to how large a group is acceptable within the travel health setting
- when young children attend, it would be easier if they were not taken into the initial consultation so that the parent(s) can focus on the information provided. This scenario presents an example where an online consultation prior to attending for vaccinations may be very suitable
- small children are easier to vaccinate if taken into the clinical area one by one

- those needing to return for subsequent vaccines in a course could be accommodated in a shorter appointment time if all travel health management issues were covered in the initial appointment.

The NMC's *The Code* is about being professional, being accountable and being able to justify your decisions; employers need to respect the complexity of a travel consultation and appreciate that sufficient time must be allowed for a nurse to abide by *The Code*.

Face-to-face contact with the traveller has always been the preferable way to undertake a travel risk assessment and provide advice. However, the COVID-19 pandemic changed the way that many consultations are conducted. The pre-travel risk assessment and informed decision making, supported by many online resources and screen sharing technology, lends itself to a virtual consultation via a secure clinical system. Regardless of the format of delivery, the quality and standard of the pre travel risk assessment and confidentiality need to be maintained. Optimal time will still be required, and if vaccinations are recommended, the traveller should be asked to attend an appropriate clinical setting to receive them (Chiodini et al., 2020).

How to conduct a risk assessment

It is better to carry out a risk assessment using one of the methods below rather than trying to recall the necessary questions from memory. With practise, collecting risk assessment information can be carried out effectively and without taking excessive time. Interpretation of the information and applying advice and recommendations appropriate to the individual risk assessment is the time-consuming part of the consultation.

If working in England, the CQC has stipulated that within their inspections, they would expect systems or processes to be in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients. Their guidance included the example of a comprehensive travel health risk assessment completed for each person using the service (CQC, 2022).

Some suggestions for completing this task are provided below.

1. Ask the traveller to complete a form prior to the consultation which can then be reviewed by the travel health adviser before the appointment and used to identify potential problems. However, within the consultation, the nurse still needs to review the completed form to ensure the traveller understood the questions asked and confirm that information provided by the traveller is accurate, including reviewing the medical records if available. This may not be as time saving as originally thought, but it gives the traveller some idea of the depth of information required about the trip and helps the nurse feel more prepared. Information can be collected on paper for scanning into the computer system, or within an online form on a website accessible to the patient, for example, a general practice surgery website.
2. Complete the risk assessment form with the traveller at the consultation (whether in person or online), identifying any foreseeable problems and issues which may require further questioning. The travel health adviser will be assessing the risk with no prior knowledge of the trip details, which can be more time consuming. It is therefore helpful to collect information about the traveller's destination, date of departure and duration of stay when the appointment is initially booked to support this method.

Again, the risk assessment can be done on paper and subsequently scanned into the computer system, although designing a computer template for the process may be more helpful and ultimately time efficient.

3. A risk assessment could be performed by following a checklist to ensure all information is collected and the detail is fully documented on the traveller record. However, this method is less reliable or efficient, is very time consuming, and great care needs to be taken to ensure all the information is documented correctly. An exception may be the yellow fever pre-vaccination checklist (screening tool) for YFVC's. If advising yellow fever vaccines, in addition to the pre-travel risk assessment, the pre-vaccination checklist from NaTHNaC and Public Health Scotland must be completed and recorded in the medical records (NaTHNaC, 2021i, PHS, 2021).
4. Concerns have previously been raised of a trend that some travel health providers were not performing a risk assessment, but instead sending the traveller to a private service or instructing them to independently identify their vaccine needs online. Following this, the original provider then administered vaccines identified as being "recommended". This practice is considered unsafe. Those who 'just give vaccines' according to information the traveller has obtained or identified, puts the individual health care practitioner at significant risk. Knowledge to understand the pre travel risk assessment and provide appropriate advice remains essential. In Scotland, the health boards are now responsible for local travel health service provision and the new delivery models must adhere to the minimum standards set out in the Good Practice Guidance for Providing a Travel Health Service document published by the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow (Scottish Government, 2022).
5. More recently, enquiries have been made about the practice of one person within a GP surgery performing the risk assessment on a traveller and deciding which vaccines are considered necessary, then passing the task of their administration on to another practitioner, doing so under a PGD. The nurse administering vaccines in this way, needs to have been adequately trained and to have personally undertaken the pre-travel risk assessment. If such a method is used, then a PSD should be utilised, where the prescriber who has undertaken the pre travel risk is responsible for authorising the administration of such vaccines. The health care professional who performs the pre travel risk assessment should also give tailored pre travel advice to the individual traveller. Refer back to section 2, page 16 for the legal responsibilities under 'Prescribing, supplying and administering travel vaccines'. Nurses practising in the UK are reminded of their personal accountability and compliance with *The Code* when advising travellers (NMC, 2018).

Steps to follow after a risk assessment

Once a risk assessment has been undertaken and in conjunction with reference to an online national travel health website (plus other resources outlined in Appendix 2), travel health advice including malaria prevention must be given (CQC, 2022). This process enables knowledge to ascertain:

- the disease risks that may be a potential threat to the traveller
- the non-disease related risks the traveller may be exposed to, such as accidents

- which vaccine-preventable diseases the traveller may need protection against
- identification of any contraindications to vaccination and the relevant information to be given to the traveller about the vaccines available, including efficacy, length of protection, schedule, side-effects and cost implications. Details of clinical information can be obtained from the Summary of Product Characteristics (SmPC) in the electronic Medicines Compendium (eMC)
- which vaccines could be offered and which schedules are most appropriate
- if any vaccines are recommended after a pre-travel risk assessment but are not provided at the specific centre (for example, a GP surgery), advice about the vaccines and information regarding options of where to obtain them should be given
- when malaria prevention advice is appropriate it should include general advice on awareness of malaria risk, mosquito bite avoidance and information about awareness and action on symptoms of malaria to facilitate rapid diagnosis and treatment. These aspects are essential and should always be provided within the risk assessment consultation. Offer information to enable the traveller to make as informed a choice as possible for chemoprophylaxis. This would include details about different tablet options, efficacy, side-effects and cost. Details of clinical information can be obtained from the SmPC in the electronic Medicines Compendium. Information about obtaining chemoprophylaxis should also be offered
- any necessary additional travel health advice should be given, tailored to the traveller's individual needs; for example, if the traveller has diabetes; or certain travellers might be advised against travelling to a destination because of extreme health risks – for example, pregnant women, infants, and young children travelling to a destination with a high risk of malaria and where there is drug resistant *Plasmodium falciparum* malaria
- additional information sources should be given to the traveller to aid self-directed learning; travellers need to take on a degree of responsibility for self-education, ideally reviewing potential health risks prior to the travel health consultation (see 'Useful travel health sites for the general public' in Appendix 2).

Documentation to accompany the travel consultation

- nurses should work within the boundaries of *The Code* (NMC, 2018) and Professional Guidance on the Administration of Medicines in Healthcare Settings (RPS, 2019)
- the nurse is responsible for undertaking and evaluating the risk assessment, and thoroughly documenting it in a professional manner and keeping records secure
- a checklist is provided in Appendix 1 to highlight the information that could be documented during the travel health consultation; while it may be considered necessary to adapt this content to suit your individual workplace, please note items included are indicative of best practice
- administration of a vaccine must be recorded accurately and thoroughly (UKHSA, 2013a). If the vaccine is administered using a PGD, the method of recording must be

followed, and this represents best practice in all situations (UKHSA, 2022, PHS, 2022). For more specific information, visit the Public Health Forum travel pages rcn.org.uk/clinical-topics/Public-health/Travel-health

- it is best practice to provide the patient information leaflet to the patient prior to the administration. Please study the information on the checklist carefully. The following link medicines.org.uk/emc could be given as a resource to the traveller
- provide a written record of vaccinations administered, advise the traveller to keep the documentation safe and take to any future travel health consultations; these records will help travel health advisers and aid future decisions on vaccine requirements. Apps are now available to help document records including the provision of the NHS app which stores COVID-19 vaccines and other routine immunisations. Adhere to your UK country of practice recommendations
- in England, information about vaccine administration should be documented in full and records held for 10 years for an adult and 25 years for a child or eight years following a child's death (NHS, 2021, BMA, 2022c)
- in Scotland, records should be maintained, archived and/or disposed of in accordance with *The Scottish Government Records Management Code of Practice for Health and Social Care* (Scottish Government, 2020). This includes observing the defined core recommended retention periods for child and adult health records. Scottish Yellow Fever Vaccination Centres (YFVCs) are also subject to this code of practice. Public Health Scotland recognises that local policy may require observation increased retention periods; such instances should be clearly justified and evidenced locally
- if vaccines are administered under a PGD, the final authorised copy of the PGD should be kept for eight years after the expiry date of the PGD if the PGD relates to adults only (10 years if it relates to an implant), and for 25 years after the expiry date of the PGD if the PGD relates to children. PGD documentation of staff authorisation also needs to be kept – it is recommended that the full details of this guidance should be referred to (SPS, 2022b)
- in accordance with IHR (2005), both NaTHNaC and Public Health Scotland require YFVCs to ensure that an International Certificate of Vaccination or Prophylaxis (ICVP) are signed by the YFVCs responsible supervising clinician (RSC) or a health professional authorised by the RSC. Additionally, all YFVCs should be aware that, due to lifelong validity, a duplicate ICVP might be requested many years after vaccination but can only be issued where a satisfactory record exists. When replacing a genuinely lost, mislaid or badly damaged ICVP, it is acceptable to write the term of validity as valid for the 'life of the person vaccinated' whatever the date of original issue. Where the person to be vaccinated at the YFVC is a registered patient of that centre, a record of YF risk assessment and vaccine administration should be made in the patient's medical record. Persons attending the centre who are not registered patients at that centre should have a personal record constructed that should be retained by the centre (NaTHNaC, 2022i)

- it may be useful to write a protocol documenting the process of a travel consultation setting out items such as aims and objectives, key resources to be used, roles of staff involved, description of the process of booking appointments, the travel consultation, planned audit, and so forth.

Conclusion

Registered nurses delivering travel health services should be trained and competent in the discipline and aware of current national guidelines, support, and resources in their country of practice. No travel health consultation should take place without conducting a travel risk assessment and documenting the information. This is a two-way process between the health care professional and the traveller and needs to be discussed in depth at the outset. Good communication skills are key. The assessment forms the basis of all subsequent decisions, advice given, vaccines administered and the malaria prevention and other health advice that is offered. This takes time to perform correctly, and for best practice, practitioners should leave sufficient time as described.

Important information to note

Risk assessment and risk management forms are found in Appendix 1, but they are also available as standalone downloadable forms - items 1 and 2 on Jane Chiodini's 'Tools' web page at: janechiodini.co.uk/tools. An alternative travel risk assessment form is also available from NaTHNaC at: travelhealthpro.org.uk/factsheet/61/risk-assessment--risk-management-checklist.

The GPG Risk Assessment tool should be used after initial training in travel health to ensure the practitioner is clinically competent before consulting with travellers. It may also be used as a document for those more experienced in travel health practice and support ongoing needs for CPD. This document can be found within the Good Practice Guidance for Providing a Travel Health Service publication at: rcpsg.ac.uk/travel-medicine/good-practice-guidance-for-providing-a-travel-health-service. However, it is also available as an editable Word version, which can be downloaded from the same web page. This document complements the following section 4 in this publication: The competency framework for travel health nurses.

4. The competency framework for travel health nurses

Core competency 1:

General standards expected of all nurses working in travel health

Competent nurse (level 5)	Experienced/proficient nurse (level 6)	Senior practitioner/nurse consultant (level 7)
Fulfil points at this level	Fulfil points at level 5 as well	Fulfil points at level 5 and 6 as well
<p>1. Upholds the professional standards required of registered nurses in accordance with the NMC Code.</p> <p>2. Keeps knowledge and skills up to date through appropriate learning and professional development activities.</p> <p>3. Ensures all information, advice and/or intervention given is based on best available evidence.</p> <p>4. Communicates clearly and effectively with travellers and colleagues, including taking reasonable steps to meet individual language and communication needs, using a range of verbal and non-verbal communication methods, being considerate of cultural sensitivities to better understand and respond to individual needs.</p> <p>5. Works to established protocols.</p> <p>6. Works within scope of practice to make clinical judgements for routine travel health scenarios and seeks clinical supervision as required.</p> <p>7. Works effectively as a team member.</p> <p>8. Maintains accurate records of all information, advice and interventions given in a timely manner.</p>	<p>3. Contributes to service provision planning ensuring it is suitable to meet the travel service population needs.</p> <p>5. Reviews and updates established protocols.</p> <p>6. Makes clinical decisions in more complex circumstances. For example, a patient over 60 years-of-age travelling to a country endemic for yellow fever.</p>	<p>3. In collaboration with other senior members of staff, drives service provision planning, ensuring it is suitable to meet the travel service population.</p> <p>5. Oversees effective implementation of protocols and makes recommendations.</p> <p>6. Able to work independently to make challenging clinical judgements and decisions.</p>

Competent nurse (level 5)	Experienced/proficient nurse (level 6)	Senior practitioner/nurse consultant (level 7)
Fulfil points at this level	Fulfil points at level 5 as well	Fulfil points at level 5 and 6 as well
<p>9. Provides accurate and consistent advice to travellers that supports them to make informed decisions.</p> <p>10. Knows where and how to access current pertinent travel health information and advice and knows where to seek further guidance when required.</p> <p>11. Recognises and works within limits of competence.</p> <p>12. Understands and works within legal framework for the prescribing, supply and administration of medicines. Demonstrates appropriate use of Patient Group Directions (PGDs), Patient Specific Directions (PSDs), Standing Orders (in occupational health setting) and prescriptions from medical or non-medical prescribers.</p> <p>13 Understands and works within legal framework for use of unlicensed and off-label drugs.</p>	<p>12. Oversees effective implementation of PGDs, PSDs and/or standing orders.</p>	<p>11. Recognises complex circumstances that require referral to more specialist services.</p>

Core competency 2:

Travel health consultations

Competent nurse (level 5)	Experienced/proficient nurse (level 6)	Senior practitioner/nurse consultant (level 7)
Fulfil points at this level	Fulfil points at level 5 as well	Fulfil points at level 5 and 6 as well
<p>1. Demonstrates good geographical knowledge and knows how to access further information regarding global destinations including use of up-to-date maps and accessing the internet for relevant resources.</p> <p>2. Performs comprehensive risk assessments and understands the principles of effective risk assessment.</p> <p>3. Interprets the risk assessment and accesses the latest recommendations for travel health information, advice, immunisations and malaria chemoprophylaxis appropriate for the itinerary.</p> <p>4. Recognises complex cases beyond personal scope and knows who to contact for further information, support and advice.</p> <p>5. Checks if UK immunisation schedules are up to date and acts appropriately if not. This includes those who received their routine vaccinations abroad.</p> <p>6. Demonstrates knowledge and awareness of common travel related illnesses, their cause and prevention. For example, travellers' diarrhoea.</p> <p>7. Demonstrate knowledge and awareness of all vaccine preventable diseases, including MMR, flu and pneumococcal disease in relation to travel.</p>	<p>2. Supports, mentors and educates wider team in travel medicine service delivery.</p> <p>3. Reviews and updates existing risk assessment tools.</p> <p>4a. Provides support and advice to inexperienced colleagues in complex cases.</p> <p>4b. Manages more complex cases independently but refers when necessary. For example, travellers with serious underlying medical conditions.</p> <p>4c. Identifies and advises travellers with complex travel or additional needs. For example, individuals who are pregnant, diabetic, immunosuppressed etc.</p>	<p>2. Develops protocols encompassing risk assessment. For example, malaria prevention advice, vaccine storage.</p> <p>3. Accepts and interprets risk assessment in complex cases.</p> <p>4. Advises travellers with more complex health needs. For example, emergency standby malaria medication, post-exposure prophylaxis in relation to blood-borne virus exposure, management of altitude sickness etc.</p> <p>7. Provides advice on more complex circumstances at a local/national/board/ strategic level.</p>

Competent nurse (level 5)	Experienced/proficient nurse (level 6)	Senior practitioner/nurse consultant (level 7)
Fulfil points at this level	Fulfil points at level 5 as well	Fulfil points at level 5 and 6 as well
<p>8. Demonstrates knowledge and awareness of vector borne diseases, including the ABCD of malaria prevention advice.</p> <p>9. Provides tailored advice to the individual traveller regarding:</p> <ul style="list-style-type: none"> • accident prevention • appropriate travel insurance • safe food, water and personal hygiene • prevention of blood-borne and sexually transmitted infections • insect bite prevention • Prevention of life-threatening animal bites and stings • Rabies prevention, management, and treatment • Management of extremes of temperature, for example sun safety, heat exhaustion, frostbite • personal safety and security • Malaria awareness, mosquito bite prevention, chemoprophylaxis, and the importance of compliance, recognising symptoms to enable prompt diagnosis and treatment of malaria. <p>10. Communicates information effectively to explain the diseases and other travel-related risks, including prevention strategies appropriate to the risk assessment.</p> <p>11. Prioritises appropriately, when a traveller's time or financial situation does not permit the uptake of optimum recommendations.</p> <p>12. Assesses anxieties, especially to vaccination, and acts appropriately.</p> <p>13. Demonstrates an excellent vaccine administration technique.</p>	<p>7a. Provides specialist advice to travellers with more complex itineraries that may also require the prescription, provision and administration of specialist travel vaccines such as Japanese encephalitis, rabies, tick-borne encephalitis, yellow fever and BCG.</p> <p>7b. Meets the standards required for administration of yellow fever vaccine and complies with national regulations as a Yellow Fever Vaccination Centre, which is under the administration of the National Travel Health Network and Centre (NaTHNaC) in England, Wales and Northern Ireland and Public Health Scotland (PHS) in Scotland.</p> <p>9. Demonstrates involvement in the financial governance of travel health services, for example, private versus NHS vaccines. This would also include the provision of malaria chemoprophylaxis, medication in anticipation of illness abroad and travel health products such as insect repellents, sterile medical kits etc.</p>	

Core competency 3:

Professional responsibilities for nurses working in travel health

Competent nurse (level 5)	Experienced/proficient nurse (level 6)	Senior practitioner/nurse consultant (level 7)
Fulfil points at this level	Fulfil points at level 5 as well	Fulfil points at level 5 and 6 as well
<p>1. Is educated in immunisation in accordance with UKHSA National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners or NHS Education for Scotland Promoting Effective Immunisation Practice (PEIP) programme for Registered Healthcare Practitioners.</p> <p>2. Attends annual update on anaphylaxis and CPR training.</p> <p>3. Understands professional responsibility in relation to informed consent and acts accordingly.</p> <p>4. Ensures safeguarding training is up to date (including level 3 if caring for children).</p> <p>5. Ensures that travel health knowledge is evidence-based and remains current.</p> <p>6. Reflects on own professional competence and ensures clinical practice is evaluated against good practice standards and guidelines. For example, <i>The Good Practice Guidance for Providing a Travel Health Service</i></p>	<p>5. Supports and mentors other nurses to ensure their clinical practice is evaluated against good practice standards and guidelines.</p> <p>6. Appraises individuals on professional development as required.</p>	<p>5a. Uses expert knowledge to inform protocol development and guide others in this process.</p> <p>5b. Audits documentation to ensure good practice standards are upheld.</p> <p>6a. Speaks/presents research at travel health educational events at a national or international level.</p>

Competent nurse (level 5)	Experienced/proficient nurse (level 6)	Senior practitioner/nurse consultant (level 7)
Fulfil points at this level	Fulfil points at level 5 as well	Fulfil points at level 5 and 6 as well
<p>7. Attends an annual travel health update study session/conference at a local, national or international event, either in person or online. If such is not available, undertake self-directed learning by means of following online news alerts, vaccine updates, reading published travel health medicine articles/information. Undertake a reflective narrative of the learning to provide evidence of keeping up to date in line with current revalidation requirements.</p> <p>8. Uses recognised national travel health websites to ensure adherence to the latest recommendations and awareness of issues, such as disease outbreaks is maintained.</p> <p>9. Demonstrates awareness of and uses a variety of other recognised travel health resources online (see Appendix 2).</p> <p>10. Signs up to pertinent travel health alerts from key authoritative sources, for example, RCN Public Health Forum, NaTHNaC and/or TRAVAX.</p>	<p>7. Educates nursing, midwifery, allied health care professionals (NMAHP) working in the field of travel health.</p> <p>8. Awareness of international websites to inform on global issues in travel health.</p>	<p>8. Uses international websites to ensure awareness and inform on global issues in travel health.</p> <p>10a. Considers involvement with national and international travel health forums.</p> <p>10b. Demonstrates highly developed knowledge of the whole range of topics in travel health.</p> <p>10c. Acts as a mentor to competent nurse Level 5 and experienced/proficient nurse level 6.</p>

Competent nurse (level 5)	Experienced/proficient nurse (level 6)	Senior practitioner/nurse consultant (level 7)
Fulfil points at this level	Fulfil points at level 5 as well	Fulfil points at level 5 and 6 as well
<p>11. Demonstrates evidence of learning to apply skills and knowledge in the field of travel health. For example, minimum of 15 hours of relevant learning plus mentorship in clinical skills before undertaking a travel consultation alone. Demonstrates evidence of CPD in line with current revalidation requirements.</p> <p>12. Insists on adequate time to perform the travel consultation and negotiates sufficient time if this has not been sanctioned.</p> <p>13. Demonstrates adherence to the principles of vaccine storage, administration and related theory.</p> <p>14. Ensures adequate vaccine stock control, ordering or delegating this process to ensure sufficient stock is always available as per local protocols.</p> <p>15. Is involved in the choice of vaccine products used in relation to clinical evidence and best practice.</p> <p>16. Works effectively with non-clinical staff who are involved in the travel consultation process. For example, non-clinical staff involved in booking travel health consultation appointments.</p> <p>17. Complies with audit procedures and policy changes.</p>	<p>11a. Considers joining travel health specific groups. For example, RCN Public Health Forum, International Society of Travel Medicine, the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow and/or the British Global and Travel Health Association.</p> <p>11b. Considers formal travel health training at postgraduate level.</p> <p>15. Involved in deciding which vaccines will be utilised.</p> <p>16. Manages non-clinical staff in a clinic setting and sets parameters for their duties related to travel health enquiries and appointments.</p> <p>17. Assists in the collation and development of audit in travel health clinical practice.</p>	<p>11a. Contributes to the evidence base for travel health nursing practice to support and promote travel health nurses.</p> <p>11b. Identifies areas for further research in travel health medicine.</p> <p>16. Undertakes clinical audit in travel health services and acts on findings to develop and improve standards of care.</p>

5. References

Age UK (2019) *As STIs in older people continue to rise Age UK calls to end the stigma about sex and intimacy in later life* (press release 7 October). Available at: www.ageuk.org.uk/latest-press/articles/2019/october/as-stis-in-older-people-continue-to-rise-age-uk-calls-to-end-the-stigma-about-sex-and-intimacy-in-later-life

Ahmed H, Naik G, Willoughby H et al., (2012) Communicating risk, *British Medical Journal* (18 June;344). Available at: www.bmj.com/content/344/bmj.e3996

Allen N, Bergin C and Kennelly SP (2016) Malaria in the returning older traveler, *Tropical Diseases, Travel Medicine and Vaccines* (4 February, 2(2)). Available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC5588706

Asher and Lyric (2022) *The 203 Worst (& Safest) Countries for LGBTQ+ Travel in 2022*. Available at: www.asherfergusson.com/lgbtq-travel-safety

Australian Government Department of Health and Aged Care (2018) *Clinical features that may help differentiate between a vasovagal episode and anaphylaxis*, Australian Immunisation Handbook (7 June). Available at: immunisationhandbook.health.gov.au/resources/tables/table-clinical-features-that-may-help-differentiate-between-a-vasovagal-episode-and-anaphylaxis

Bauer I (2019) Caregivers of travelers with dementia – a neglected travel population, *Journal of Travel Medicine* (26(7)). Available at: doi.org/10.1093/jtm/taz061

Benowitz I and Gaines J (2019) Chapter 9. Medical tourism. In Centers for Disease Control and Prevention, *Health Information for International Travel*, New York: Oxford University Press. Available at: nc.cdc.gov/travel/yellowbook/2020/travel-for-work-other-reasons/medical-tourism

Borwein ST (2019) Contraception in female travellers: challenges and solutions, *Journal of Travel Medicine* (23 December;26(8):1-4). Available at: pubmed.ncbi.nlm.nih.gov/31573037

British HIV Association (2015) *BHIVA guidelines on the use of vaccines in HIV-positive adults*. Available at: www.bhiva.org/vaccination-guidelines

British Medical Association (2012) *Focus on travel immunisations, guidance for GPs*. General Practitioner Committee. Available at: www.bma.org.uk/media/1575/bma-travel-vaccinations-2012.pdf

British Medical Association (2019) *The occupational physician*. Available at: www.bma.org.uk/media/1072/bma_the_occupational_physician_oct_2019.pdf

British Medical Association and NHS England (2020a) *Update to the GP contract agreement 2020/21–2023/24*. Available at: www.bma.org.uk/media/2024/gp-contract-agreement-feb-2020.pdf

British Medical Association (2020b) *Travel medication and vaccinations*. Available at: www.bma.org.uk/advice-and-support/gp-practices/vaccinations/travel-vaccinations

British Medical Association (2022a) Welsh council *Personal communication, committee executive officer (GPC Wales)*. Available at: www.bma.org.uk/what-we-do/uk-national-and-regional-councils/uk-and-national/welsh-council

British Medical Association (2022b) Northern Ireland council *Personal communication, senior policy executive (primary care)*. Available at: www.bma.org.uk/what-we-do/uk-national-and-regional-councils/uk-and-national/northern-ireland-council

British Medical Association (2022c) *Retention of health records*. Available at: www.bma.org.uk/advice-and-support/ethics/confidentiality-and-health-records/retention-of-health-records

Care Quality Commission (2022) *GP mythbuster 107: Pre-travel health services*. Available at: www.cqc.org.uk/node/8422

Checkley AM, Smith A, Smith V et al., (2012) Risk factors for mortality from imported falciparum malaria in the United Kingdom over 20 years: an observational study, *British Medical Journal* (344:e2116), London: BMJ. Available at: www.bmj.com/content/344/bmj.e2116

Chen LH and Hamer DH (2019) Chapter 9 Long-Term Travelers & Expatriates, *Centers for Disease Control and Prevention, Health Information for International Travel* (2020). New York: Oxford University Press. Available at: wwwnc.cdc.gov/travel/yellowbook/2020/travel-for-work-other-reasons/long-term-travelers-and-expatriates

Chiodini J (2015) Travel health update: PGDs for private travel vaccines in England – breaking news! *Practice Nurse* (4 August), Gomshall, Medical Education Solutions. Available at: www.janechiodini.co.uk/wp-content/uploads/2017/08/PN-Travel-health-update-August-2015.pdf

Chiodini JH, Anderson E, Driver C et al., (2012) Recommendations for the practice of travel medicine, *Travel Medicine and Infectious Disease*, 10, pp.108-128, London: Elsevier. Available at: [www.travelmedicinejournal.com/article/S1477-8939\(12\)00067-1/fulltext](http://www.travelmedicinejournal.com/article/S1477-8939(12)00067-1/fulltext)

Chiodini JH, Taylor F, Geary K et al., (2020), Good Practice Guidance for Providing a Travel Health Service, *Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow*. Available at: rcpsg.ac.uk/travel-medicine/good-practice-guidance-for-providing-a-travel-health-service

Chiodini PL, Patel D, Goodyer L et al., (2022) Guidelines for malaria prevention in travellers from the UK, *UK Health Security Agency*, London. Available at: www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk

Commission on Human Medicines (2019) *Yellow fever vaccine: stronger precautions in people with weakened immunity and those aged 60 years and older*. Available at: travelhealthpro.org.uk/media_lib/mlib-uploads/full/2019-11-21-yellow-fever-vaccine-precautions-letter.pdf

Currie L, Russell J and Bayliss A (2017) Executive summary: perceptions of the RCN Travel Health Competencies Document. London: *Royal College of Nursing*. Available at: rcn.org.uk/-/media/royal-college-of-nursing/documents/clinical-topics/public-health/executive-summary-perceptions-of-the-rcn-travel-health-competencies-document.pdf?la=en&hash=E340D524BF051F1D3D9F02F78E6C9996

Drinkaware (2017) *Staying safe on holiday*. Available at: www.drinkaware.co.uk/advice/staying-safe-while-drinking/staying-safe-on-holiday

Foreign Commonwealth and Development Office (undated) *Foreign Travel Advice*. Available at: www.gov.uk/foreign-travel-advice

Foreign Commonwealth and Development Office (2020) *Guidance: Travel and mental health*. Available at: www.gov.uk/guidance/foreign-travel-advice-for-people-with-mental-health-issues

Foreign Commonwealth and Development Office (2022) *Guidance: Lesbian, Gay, Bisexual and Transgender foreign travel advice*. Available at: www.gov.uk/guidance/lesbian-gay-bisexual-and-transgender-foreign-travel-advice

GOV.UK (undated 'a') *Get permission to take a child abroad*. Available at: www.gov.uk/permission-take-child-abroad

GOV.UK (undated 'b') *Apply for a Gender Recognition Certificate*. Available at: www.gov.uk/apply-gender-recognition-certificate

GOV.UK (undated 'c') *Hand luggage restrictions at UK airports; medicines, medical equipment and dietary requirements*. Available at: www.gov.uk/hand-luggage-restrictions/essential-medicines-and-medical-equipment

GOV.UK (undated 'd') *Report a problem with a medicine or medical device*. Available at: www.gov.uk/report-problem-medicine-medical-device

GOV.UK (2022) *The right to choose: government guidance on forced marriage*. Available at: www.gov.uk/government/publications/the-right-to-choose-government-guidance-on-forced-marriage

Hagmann S, LaRocque RC, Rao SR et al., (2013) Pre-travel health preparation of pediatric international travellers: analysis from the Global TravEpiNet Consortium *Journal of the Pediatric Infectious Diseases Society* (December;2(4):327-334). Available at: academic.oup.com/jpids/article/2/4/327/911163?login=false

International Air Transport Association (2020) *Medical Manual: Edition 12*. Available at: www.medicaltourismtraining.com/wp-content/uploads/2020/09/IATA-Medical-Manual-2020.pdf

International Association for Medical Assistance to Travellers (2020) *Travel and alcohol use*. Available at: www.iamat.org/travel-and-alcohol-use

Jenkins J (2020a) Questions about Patient Specific Directions (PSD), *Specialist Pharmacy Service* (10 June). Available at: www.sps.nhs.uk/articles/questions-about-patient-specific-directions-psd

Jenkins J (2020b) PGDs and Occupational Health Services, *Specialist Pharmacy Service* (22 October). Available at: www.sps.nhs.uk/articles/pgds-and-occupational-health-schemes

Jenkins J (2021) Nursing Associates, Physician Associates and the use of Patient Group Directions, *Specialist Pharmacy Service* (16 November). Available at: www.sps.nhs.uk/articles/nursing-associates-physician-associates-and-the-use-of-patient-group-directions

Kennedy K and Flaherty GT (2015) The risk of sexual assault and rape during international travel: implications for the practice of travel medicine, *Journal of Travel Medicine* (1 July;22(4):282-284). Available at: academic.oup.com/jtm/article/22/4/282/2563404

Kotton CN, Kroger AT and Freedman DO (2020) Chapter 5 Immunocompromised travelers. *Centers for Disease Control and Prevention, Health Information for International Travel*, New York: Oxford University Press (2019). Available at: wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers

LaRocque RC, Rao SR, Tsibris A et al., (2010) Pre-travel Health Advice-Seeking Behavior Among US International Travelers Departing from Boston Logan International Airport, *Journal of Travel Medicine*, Volume 17, Issue 6, 1, pp.387- 391, Oxford: OUP. Available at: academic.oup.com/jtm/article/17/6/387/1844756

Lindsey NP, Rabe IB, Miller ER et al., (2016) Adverse event reports following yellow fever vaccination, 2007-13, *Journal of Travel Medicine* (4 July;23(5): 1-6). Available at: pubmed.ncbi.nlm.nih.gov/27378369

Long I and Flaherty GT (2018) Traumatic travels: A review of accidental death and injury in international travellers, *International Journal of Travel Medicine and Global Health* (May;6;2(21):48-53). Available at: www.ijtmgh.com/article_60251_c5bb50966df2c9d9aa6e3f3a88795f93.pdf

mygov.scot (2022) *Forced marriage abroad*. Available at: www.mygov.scot/forced-marriage/forced-marriage-abroad

National Institute on Aging (2017) *Tips for improving communication with older patients*. Available at: www.nia.nih.gov/health/tips-improving-communication-older-patients

NHS (2018) *Travel vaccinations*. Available at: www.nhs.uk/conditions/travel-vaccinations

NHS Clinical Commissioners (2019) *Items which should not routinely be prescribed in primary care: Guidance for CCGs*. Available at: www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf

NHS (2021a) *Going abroad for medical treatment*. Available at: www.nhs.uk/using-the-nhs/healthcare-abroad/going-abroad-for-treatment/going-abroad-for-medical-treatment

NHS (2021b) *Can I take my medicine abroad?* Available at: www.nhs.uk/common-health-questions/medicines/can-i-take-my-medicine-abroad

NHS (2022) *Records Management Code of Practice*. Available at: transform.england.nhs.uk/information-governance/guidance/records-management-code

NHS Education for Scotland (2022) *Promoting Effective Immunisation Practice (PEIP): Registered Healthcare Practitioners*. Available at: learn.nes.nhs.scot/12751/immunisation

NHS Health Education England (undated) *Making Every Contact Count (MECC)*. Available at: www.e-lfh.org.uk/programmes/making-every-contact-count

NHS England (2019) *Interim findings of the Vaccinations and Immunisations Review – September 2019*. Available at: www.england.nhs.uk/wp-content/uploads/2019/10/interim-findings-of-the-vaccinations-and-immunisations-review-2019.pdf

NHS England (2022) *NHS England and NHS Improvement Board meetings held in common*. Available at: www.england.nhs.uk/wp-content/uploads/2022/05/item-4-operational-performance-update-190522-updated.pdf

NHS Resolution (2021) *Clinical Negligence Scheme for General Practice (CNSGP)*. Available at: resolution.nhs.uk/services/claims-management/clinical-schemes/general-practice-indemnity/clinical-negligence-scheme-for-general-practice

NHS Wales (undated) *General Medical Practice Indemnity (GMPI)*. Available at: nwssp.nhs.wales/ourservices/legal-risk-services/areas-of-practice/general-medical-practice-indemnity-gmpi

NHS 111 Wales Travel Health (2017) *Getting vaccinated*. Available at: 111.wales.nhs.uk/travelhealth/TravelJabsOnNHS

National Travel Health Network and Centre (NaTHNaC) (2018) *Venous thromboembolism*. Available at: travelhealthpro.org.uk/factsheet/54/venous-thromboembolism

National Travel Health Network and Centre (NaTHNaC) (2019a) *Sexually transmitted infections*. Available at: travelhealthpro.org.uk/factsheet/15/sexually-transmitted-infections

National Travel Health Network and Centre (NaTHNaC) (2019b) *Medicines and travel*. Available at: travelhealthpro.org.uk/factsheet/43/medicines-and-travel

National Travel Health Network and Centre (NaTHNaC) (2019c) *Food and water hygiene*. Available at: travelhealthpro.org.uk/factsheet/44/food-and-water-hygiene

National Travel Health Network and Centre (NaTHNaC) (2021a) *Travelling to visit friends and relatives*. Available at: travelhealthpro.org.uk/factsheet/91/travelling-to-visit-friends-and-relatives

National Travel Health Network and Centre (NaTHNaC) (2021b) *Asplenia and hyposplenia*. Available at: travelhealthpro.org.uk/factsheet/89/asplenia-and-hyposplenia

National Travel Health Network and Centre (NaTHNaC) (2021c) *Diabetes*. Available at: travelhealthpro.org.uk/factsheet/4/diabetes

National Travel Health Network and Centre (NaTHNaC) (2021d) *Medical tourism (travelling for treatment)*. Available at: travelhealthpro.org.uk/factsheet/59/medical-tourism-travelling-for-treatment

National Travel Health Network and Centre (NaTHNaC) (2021e) *Travelling with additional needs and/or disability*. Available from: travelhealthpro.org.uk/factsheet/80/travelling-with-additional-needs-andor-disability

National Travel Health Network and Centre (NaTHNaC) (2021f) *Pregnancy*. Available at: travelhealthpro.org.uk/factsheet/45/pregnancy

National Travel Health Network and Centre (NaTHNaC) (2021g) *Areas of humanitarian crisis*. Available at: travelhealthpro.org.uk/factsheet/46/areas-of-humanitarian-crisis

National Travel Health Network and Centre (NaTHNaC) (2021h) *Travel Insurance*. Available at: travelhealthpro.org.uk/factsheet/10/travel-insurance

National Travel Health Network and Centre (NaTHNaC) (2021i) *Yellow Fever pre-vaccination checklist*. Available at: nathnacyfzone.org.uk/factsheet/69/yellow-fever-pre-vaccination-checklist

National Travel Health Network and Centre (NaTHNaC) (2022a) *Managing your YFVC*. Available at: nathnacyfzone.org.uk/managing-your-yfvc

National Travel Health Network and Centre (NaTHNaC) (2022b) *Kidney (renal) conditions*. Available at: travelhealthpro.org.uk/factsheet/104/kidney-renal-conditions

National Travel Health Network and Centre (NaTHNaC) (2022c) *Immunosuppression*. Available at: travelhealthpro.org.uk/factsheet/66/immunosuppression

National Travel Health Network and Centre (NaTHNaC) (2022d) *HIV and AIDS*. Available at: travelhealthpro.org.uk/factsheet/29/hiv-and-aids

National Travel Health Network and Centre (NaTHNaC) (2022e) *Breastfeeding and bottle feeding*. travelhealthpro.org.uk/factsheet/90/breastfeeding-andbottle-feeding

National Travel Health Network and Centre (NaTHNaC) (2022f) *Personal safety*. Available at: travelhealthpro.org.uk/factsheet/25/personal-safety

National Travel Health Network and Centre (NaTHNaC) (2022g) *Cruises*. Available at: travelhealthpro.org.uk/factsheet/79/cruises

National Travel Health Network and Centre (NaTHNaC) (2022h) *Hajj and Umrah*. Available at: travelhealthpro.org.uk/factsheet/19/hajj-and-umrah

National Travel Health Network and Centre (NaTHNaC) (2022i) *International Certificate of Vaccination or Prophylaxis (ICVP)*. Available at: nathnacyfzone.org.uk/factsheet/5/international-certificate-of-vaccination-or-prophylaxis-icvp

Nursing & Midwifery Council (NMC) (2018a) *The Code*. Available at: www.nmc.org.uk/code

Nursing & Midwifery Council (NMC) (2018b) *Response to the consultation on the regulation of a new profession – nursing associates*. Available at: www.nmc.org.uk/globalassets/sitedocuments/consultations/2018/nursing-associates-consultation-response.pdf

Nursing & Midwifery Council (NMC) (2022) *Professional indemnity arrangement*. Available at: www.nmc.org.uk/registration/joining-the-register/professional-indemnity-arrangement

Office for National Statistics (ONS) (2021) *Travel Trends: 2021*. Available at: www.ons.gov.uk/peoplepopulationandcommunity/leisureandtourism/articles/traveltrends/latest

Office for National Statistics (ONS) (2022) *Travel and tourism review: final report*. Available at: www.ons.gov.uk/peoplepopulationandcommunity/leisureandtourism/articles/travelandtourismreview/finalreport

Oxford Vaccine Group (2022) Vaccine Knowledge Project *Vaccine ingredients*. Available at: vk.ovg.ox.ac.uk/vk/vaccine-ingredients

Patel D (2015) *Travel Medicine/Expatriate Health*. Available at: www.fom.ac.uk/wp-content/uploads/D1-10.50-D-Patel.pdf

Public Health England (now UK Health Security Agency) (2015) *Immunisation training of healthcare support workers: national minimum standards and core curriculum*. Available at: www.gov.uk/government/publications/immunisation-training-of-healthcare-support-workers-national-minimum-standards-and-core-curriculum

Public Health England (now UK Health Security Agency) (2018) *National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners*. Available at: www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners

Public Health Scotland (undated) *Patient Group Directions (PGD)*. Available at: www.hps.scot.nhs.uk/publications/patient-group-directions

Public Health Scotland (2021) *Designation of Yellow Fever Vaccination Centres Information Pack*. Available at: publichealthscotland.scot/publications/designation-of-yellow-fever-vaccination-centres-information-pack/designation-of-yellow-fever-vaccination-centres-information-pack

Pulse (2022) *NHS has begun work on national vaccination service*. Available at: www.pulsetoday.co.uk/news/breaking-news/nhs-has-begun-work-on-national-vaccination-service

Resuscitation Council UK (2021) *FAQs: Anaphylaxis*. Available at: www.resus.org.uk/home/faqs/faqs-anaphylaxis

Richards JA and Rosselot GA (2021) A seismic shift in US travel health nursing: the achievement of specialty recognition and its implications, *Journal of Travel Medicine*, Volume 28, Issue 1, January, taaa202. Available at: doi.org/10.1093/jtm/taaa202

Royal College of Nursing (RCN) (2005) *NHS Knowledge and Skills Framework outlines for nursing posts. RCN guidance for nurses and managers in creating KSF outlines in the NHS*. Available at: www.nhsggc.org.uk/media/231236/ksf_for_nursing_posts_rcn_guidance.pdf

Royal College of Nursing (RCN) (2018) *Immunisation knowledge and skills competence assessment tool*. Available at: www.rcn.org.uk/professional-development/publications/pdf-006943

Royal College of Nursing (RCN) (2019a) *The Role of Nursing Associates in Vaccination and Immunisation*. Available at: www.rcn.org.uk/professional-development/publications/pub-007565

Royal College of Nursing (RCN) (2019b) *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff*. Available at: www.rcn.org.uk/professional-development/publications/pub-007366

Royal College of Nursing (RCN) (2020) *Female Genital Mutilation. RCN guidance for travel health services*. Available at: www.rcn.org.uk/Professional-Development/publications/rcn-fgm-travel-health-pub-009375

Royal College of Nursing (RCN) (2022) *RCN indemnity scheme*. Available at: www.rcn.org.uk/Get-Help/Indemnity-scheme

Royal College of Obstetricians and Gynaecologists (2022) *Coronavirus (COVID-19), infection in pregnancy*. Available at: www.rcog.org.uk/guidance/coronavirus-covid-19-pregnancy-and-women-s-health/coronavirus-covid-19-infection-in-pregnancy

Royal College of Physicians and Surgeons of Glasgow (RCPSG) (2014) *Protecting the health of travellers from the UK and Ireland. A position paper prepared by the Executive Board of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow*. Available at: www.rcpsg.ac.uk/documents/agm-and-elections/ftm/255-health-of-travellers/file

Royal College of Physicians and Surgeons of Glasgow (RCPSG) (2021) *Female Genital Mutilation - eLearning module*. Available at: www.rcpsg.ac.uk/college/speaking-up-for-the-profession/female-genital-mutilation

Royal Pharmaceutical Society (2019) *Professional Guidance on the Administration of Medicines in Healthcare Settings*. Available at: www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567

Royal Pharmaceutical Society (2021) *A Competency Framework for all Prescribers*. Available at: www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework

Schlagenhauf P, Weld L, Goorhuis A et al., (2015) Travel-associated infection presenting in Europe (2008-12): an analysis of EuroTravNet longitudinal, surveillance data, and evaluation of the effect of the pre-travel consultation, *Lancet Infectious Diseases* (15 (1)), pp.55-64. Available at: www.sciencedirect.com/science/article/pii/S147330991471000X

Scottish Government Health and Social Care Directorates (2020/2021) *Statement of Financial Entitlements 2020/2021; Coronavirus outbreak*. Available at: www.sehd.scot.nhs.uk/publications/GMS_Statement_of_Financial_Entitlements_2020-21.pdf

Scottish Government (2020) *Records Management Health and Social Care Code of Practice (Scotland) 2020*. Available at: www.informationgovernance.scot.nhs.uk/rmcop2020

Scottish Government (2022) *Vaccination Transformation Programme – Travel Health Services*. Available at: [www.sehd.scot.nhs.uk/cmo/CMO\(2022\)13.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2022)13.pdf)

Specialist Pharmacy Service (2022a) (FAQs) *Patient Group Directions, Written Instructions and Occupational Health Services*. Available at: www.sps.nhs.uk/wp-content/uploads/2020/10/Questions-About-PGDs-And-OHS-May-2022.pdf

Specialist Pharmacy Service (2022b) *Retaining PGD documentation*. Available at: www.sps.nhs.uk/articles/retaining-pgd-documentation

The Global Database (undated). Available at: www.hivtravel.org

The National Archives (2012) *The Human Medicines Regulations 2012*. Available at: www.legislation.gov.uk/ukxi/2012/1916/contents/made

TRAVAX (2020a) *Diabetes*. Available at: www.travax.nhs.uk/health-advice/special-groups/diabetes

TRAVAX (2020b) *Disabilities*. Available at: www.travax.nhs.uk/health-advice/special-groups/disabilities

TRAVAX (2020c) *Accident prevention*. Available at: www.travax.nhs.uk/health-advice/general-health-advice/accident-prevention

TRAVAX (2020d) *Breastfeeding and bottle-feeding*. Available at: www.travax.nhs.uk/health-advice/special-groups/breastfeeding-and-bottle-feeding

TRAVAX (2021a) *Pregnancy and pre-conception*. Available at: www.travax.nhs.uk/health-advice/special-groups/pregnancy-and-pre-conception

TRAVAX (2021b) *Mental health and travel*. Available at: www.travax.nhs.uk/health-advice/general-health-advice/mental-health-and-travel

TRAVAX (2021c) *Venous thromboembolism*. Available at: www.travax.nhs.uk/health-advice/general-health-advice/venous-thromboembolism

TRAVAX (2021d) *Travel insurance*. Available at: www.travax.nhs.uk/health-advice/general-health-advice/travel-insurance

TRAVAX (2021e) *Travelling with medication*. Available at: www.travax.nhs.uk/health-advice/general-health-advice/travelling-with-medication

TRAVAX (2021f) *Anaphylaxis and vaccines*. Available at: www.travax.nhs.uk/vaccination-practice/special-situations/anaphylaxis-and-vaccines

TRAVAX (2021g) *Female genital mutilation*. Available at: www.travax.nhs.uk/health-advice/general-health-advice/female-genital-mutilation

TRAVAX (2021h) *Food and water precautions*. Available at: www.travax.nhs.uk/health-advice/general-health-advice/food-and-water-precautions

TRAVAX (2022a) *Sexual health risks*. Available at: www.travax.nhs.uk/health-advice/general-health-advice/sexual-health-risks

TRAVAX (2022b) *Contraception*. Available at: www.travax.nhs.uk/health-advice/general-health-advice/contraception

TRAVAX (2022c) *Medical Tourism*. Available at: www.travax.nhs.uk/health-advice/special-groups/medical-tourism

TRAVAX (2022d) *Immunocompromised travellers*. Available at: www.travax.nhs.uk/health-advice/immunocompromised-section/immunocompromised-travellers

TRAVAX (2022e) *Visiting friends and relatives (VFRs)*. Available at: www.travax.nhs.uk/health-advice/type-of-travel/visiting-friends-and-relatives-vfrs

TRAVAX (2022f) *Cruise travel*. Available at: www.travax.nhs.uk/health-advice/type-of-travel/cruise-travel

TRAVAX (2022g) *Hajj and Umrah pilgrimage*. Available at: www.travax.nhs.uk/health-advice/type-of-travel/hajj-and-umrah-pilgrimage

TRAVAX (2022h) *Humanitarian workers*. Available at: www.travax.nhs.uk/health-advice/type-of-travel/humanitarian-workers

UK Civil Aviation Authority (2022a) *Pregnancy; Information for Health Professionals on assessing fitness to fly*. Available at: www.caa.co.uk/passengers/before-you-fly/am-i-fit-to-fly/guidance-for-health-professionals/pregnancy

UK Civil Aviation Authority (2022b) *Assessing fitness to fly; Guidance for health professionals*. Available at: www.caa.co.uk/passengers/before-you-fly/am-i-fit-to-fly/guidance-for-health-professionals/assessing-fitness-to-fly

UK Health Security Agency (2013a) *Immunisation procedures: the green book, chapter 4*. Available at: www.gov.uk/government/publications/immunisation-procedures-the-green-book-chapter-4

UK Health Security Agency (2013b) *Vaccine safety and adverse events following immunisation: the green book, chapter 8*. Available at: www.gov.uk/government/publications/vaccine-safety-and-adverse-events-following-immunisation-the-green-book-chapter-8

UK Health Security Agency (2017) *Contraindications and special considerations: the green book, chapter 6*. Available at: www.gov.uk/government/publications/contraindications-and-special-considerations-the-green-book-chapter-6

UK Health Security Agency (2018) *Tuberculosis: the green book, chapter 32*. Available at: www.gov.uk/government/publications/tuberculosis-the-green-book-chapter-32

UK Health Security Agency (2019) *Zika virus (ZIKV): clinical and travel guidance*. Available at: www.gov.uk/government/collections/zika-virus-zikv-clinical-and-travel-guidance#zika-and-pregnancy

UK Health Security Agency (2020) *Immunisation of individuals with underlying medical conditions: the green book, chapter 7*. Available at: www.gov.uk/government/publications/immunisation-of-individuals-with-underlying-medical-conditions-the-green-book-chapter-7

UK Health Security Agency (2021) *Immunisation against infectious disease: the green book front cover and contents page*. Available from: www.gov.uk/government/publications/immunisation-against-infectious-disease-the-green-book-front-cover-and-contents-page

UK Health Security Agency (2022a) *Smallpox and monkeypox: the green book, chapter 29*. Available at: www.gov.uk/government/publications/smallpox-and-vaccinia-the-green-book-chapter-29

UK Health Security Agency (2022b) *Immunisation patient group direction (PGD) templates*. Available at: www.gov.uk/government/collections/immunisation-patient-group-direction-pgd

UK Health Security Agency (2022c) *Information for patients with an absent or dysfunctional spleen*. Available at: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1059549/UKHSA-12074-splenectomy-leaflet.pdf

UK Health Security Agency (2022d) *Mosquito bite avoidance: advice for travellers*. Available at: www.gov.uk/government/publications/mosquito-bite-avoidance-for-travellers

UK Health Security Agency (2022e) *Visiting friends and relatives abroad: health advice*. Available at: www.gov.uk/government/publications/travelling-overseas-to-visit-friends-and-relatives-health-advice

UN World Tourism Organization (2022) *UNWTO World Tourism Barometer and Statistical Annex, March 2022*. Available at: www.e-unwto.org/doi/abs/10.18111/wtobarometereng.2022.20.1.2

Weinberg MS, Weinberg N and Maloney S (2020) Chapter 7 Traveling safely with infants & children, *Centers for Disease Control and Prevention, Health Information for International Travel*. New York: Oxford University Press (2019). Available at: wwwnc.cdc.gov/travel/yellowbook/2020/family-travel/traveling-safely-with-infants-and-children

World Health Organization (2020) *Health risks when travelling*. Available at: www.who.int/news-room/questions-and-answers/item/health-risks-when-traveling

World Health Organization (2021) *Rabies*. Available at: www.who.int/news-room/fact-sheets/detail/rabies

World Health Organization (2022) *Road traffic injuries*. Available at: www.who.int/news-room/fact-sheets/detail/road-traffic-injuries

(All URLs were accessed on 30 January 2023).

Appendices

Appendix 1:

The following pages show a sample travel risk assessment form (pages 57-58) and a travel risk management form (pages 59-60).

Source: The two forms have been devised and created by Jane Chiodini.

TRAVEL RISK ASSESSMENT FORM – ideally to be completed by traveller prior to appointment.

Name:		Your country of origin:	
		Date of birth:	
		Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/>	
E mail:		Telephone number:	
		Mobile number:	
PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW			
Date of departure:		Total length of trip:	
COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	CITY OR RURAL	LENGTH OF STAY
1.			
2.			
3.			
What modes of transport will you be using? Have you taken out travel insurance for this trip? Do you plan to travel abroad again in the future?			
TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY			
<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in hotel	<input type="checkbox"/> Backpacking	<u>Additional information</u>
<input type="checkbox"/> Business trip	<input type="checkbox"/> Cruise ship trip	<input type="checkbox"/> Camping/hostels	
<input type="checkbox"/> Expatriate	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure	
<input type="checkbox"/> Volunteer work	<input type="checkbox"/> Pilgrimage	<input type="checkbox"/> Diving	
<input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Medical tourism	<input type="checkbox"/> Visiting friends/family	
PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY			
	YES	NO	DETAILS
Are you fit and well today			
Any allergies including food, latex, medication			
Have you, or anyone in your family, had a severe reaction to a vaccine or malaria medication before?			
Tendency to faint with injections			
Any surgical operations in the past, including e.g. open-heart surgery, spleen or thymus gland removal?			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding /clotting disorders (including history of DVT)			
Heart disease (e.g. angina, high blood pressure)			
Diabetes			
Additional needs and/or disability			
Epilepsy/seizures (or in a first degree relative?)			
Gastrointestinal (stomach) complaints			
Liver and or kidney problems			
HIV/AIDS			

Form devised and created by Jane Chiodini © updated 2022

	YES	NO	DETAILS
Immune system condition e.g. blood cancer			
Mental health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			
Are you or your partner pregnant or planning a pregnancy?			
Are you breast feeding (if applicable)			
Have you or anyone in your family undergone FGM / been cut / circumcised			

Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?

PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST					
Tetanus/polio/diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese encephalitis		Tick borne encephalitis	
Yellow fever		BCG		Other	
COVID-19 (dates, brand etc.)					
Malaria Tablets					

Any additional information

Travel risk assessment form devised by Jane Chiodini © 2012 in conjunction with resources below.

1. Chiodini J, Boyne L, Grieve S, Jordan A. (2007) *Competencies: An Integrated Career and Competency Framework for Nurses in Travel Health Medicine*. RCN, London.
2. Field VK, Ford L, Hill DR, eds. (2010) *Health Information for Overseas Travel*. National Travel Health Network and Centre, London, UK.

Form devised and created by Jane Chiodini © updated 2022

TRAVEL RISK MANAGEMENT FORM

FOR HEALTH PROFESSIONAL USE ONLY IN CONJUNCTION with TRAVEL RISK ASSESSMENT FORM					
Patient Name:		dob:			
Childhood immunisation history checked:					
Additional information:					
National database consulted for travel vaccines recommended for this trip and malaria chemoprophylaxis (if required): NaTHNaC: TRAVAX: Other:					
Disease protection advised	Yes	Disease protection advised	Yes	Malaria Chemoprophylaxis Recommendation	Yes
BCG/Mantoux		Influenza		Atovaquone/proguanil	
Cholera		Meningitis ACWY		Chloroquine only	
COVID-19		MMR		Chloroquine and proguanil	
Dip/tetanus/polio		Rabies		Doxycycline	
Hepatitis A		TBE		Mefloquine	
Hepatitis B		Typhoid		Proguanil only	
Hepatitis A+B		Yellow fever		Emergency standby	
Japanese encephalitis		Other		Weight of child:	
Vaccine and General Travel Advice required/provided					
Potential side effects of vaccines discussed Patient Information Leaflet (PIL) from packaging or from www.medicines.org.uk/emc/ given					
Patient consent for vaccination obtained: verbal <input type="checkbox"/> written <input type="checkbox"/>					
Post vaccination advice given: verbal <input type="checkbox"/> written <input type="checkbox"/>					
General travel advice leaflet given (all topics below in the surgery/clinic advice leaflet) and patient asked to read entire leaflet due to insufficient time to advise verbally on every topic: Yes / No					
Items ticked below indicate topics discussed specifically within the consultation:					
Prevention of accidents		Mosquito bite prevention			
Personal safety and security		Malaria prevention advice			
Food and water borne risks		Medical preparation			
Travellers' diarrhoea advice		Sun and heat advice			
Sexual health & blood borne virus risk		Journey/transport advice			
Rabies specific advice		Insurance advice			
Other specific specialised advice / information given on: e.g. COVID-19 supportive advice, smoking advice for a long-haul flight; altitude advice; prevention of schistosomiasis etc.					
Source of advice used for further information : NaTHNaC TRAVAX Other					
OR no additional specialised advice given <input type="checkbox"/>					

Form devised and created by Jane Chiodini © Updated 2022

Additional patient management or advice taken following risk assessment – for example:

- Vaccine(s) patient declined following recommendation, and reason why
- Telephoned NaTHNaC or TRAVAX for advice or used Malaria Reference Laboratory e-mail service
- Contacted hospital consultant for specific information in respect of a complex medical condition
- Given appropriate advice in relation to pregnancy and planned conception if travelling to Zika risk area
- Discussed traveller responsibility regarding COVID-19 travel requirements if necessary
- Identified specific nature/purpose of VFR travel

Authorisation for a Patient Specific Direction (PSD)

Following the completion of a travel risk assessment, the below named vaccines may be administered under this PSD to:

Name:

dob:

Name, form & strength of medicine (generic/brand name as appropriate)	Dose, schedule and route of administration	Start and finish dates

Signature of Prescriber	Date

Post Vaccination administration

Vaccine details recorded on patient computer record (vaccine name, batch no., stage, site, etc.)	Y / N
SMS vaccines reminder or post card reminder service set up	Y / N
Travel record card supplied or updated:	Y / N
Travel risk management consultation performed by: (sign name and date)	

Form devised and created by Jane Chiodini © Updated 2022

Appendix 2:

Summary of travel health-related information sources

1. Essential guidance documents for travel health practitioners

1a. Atlas

All practitioners providing a travel health service should use an up-to-date atlas, either hard copy or online (for example, [google.co.uk/maps](https://www.google.co.uk/maps))

1b. Governance publications

- Care Quality Commission (CQC) Mythbuster 107: Pre-travel health services
[cqc.org.uk/node/8422](https://www.cqc.org.uk/node/8422)
- Royal College of Nursing: Travel Health Nursing: Career and Competence Development
[rcn.org.uk/Professional-Development/publications/rcn-travel-health-nursing-uk-pub-010-573](https://www.rcn.org.uk/Professional-Development/publications/rcn-travel-health-nursing-uk-pub-010-573) (login or free registration required)
- Royal College of Physicians and Surgeons of Glasgow: Faculty of Travel Medicine 'Good Practice Guidance for a Travel Health Service' [rcpsg.ac.uk/travel-medicine/good-practice-guidance-for-providing-a-travel-health-service](https://www.rcpsg.ac.uk/travel-medicine/good-practice-guidance-for-providing-a-travel-health-service) (see this webpage for the complete document, but also sections are available as individual downloads e.g. a booklet of resources, a patient information leaflet, and the Competency Assessment Tool)

2. Essential resources for day-to day-practice

2a. National Guidance documents

- The 'Green Book'
Immunisation against infectious disease, UKHSA. Available only online at: [gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book)
- The latest UK Malaria prevention guidelines
Guidelines for malaria prevention in travellers from the United Kingdom, UKHSA. Available only online at: [gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk](https://www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk)

2b. National online travel health websites

- TRAVAX (from Public Health Scotland)
travax.nhs.uk
- TravelHealthPro (NaTHNaC from UKHSA)
travelhealthpro.org.uk

2c. National telephone advice lines for health professionals

- National Travel Health Network and Centre (NaTHNaC)
For the current service details visit: travelhealthpro.org.uk/contact

- TRAVAX
For the current service details visit: travax.nhs.uk/contact-us
- UKHSA Malaria Reference Laboratory Email Service
This is for health care professionals only, who need to download a risk assessment form at: gov.uk/government/publications/malaria-risk-assessment-form. Complete a form electronically and email it to: phe.malproph@nhs.net. A reply will be received within three working days.

2d. Travel Risk Assessment and Travel Risk Management forms

See appendix 1 in this document as well as the information provided on page 37.

3. Other related useful resources

3a. RCN general immunisation information

This webpage provides comprehensive detail and a current list of websites relating to immunisation, including the following topics:

- Current issues
- Administration of vaccines
- Immunisation training
- Storage and the Cold Chain
- Vaccine Incidence Guidance
- Keeping up to date.

To access visit: www.rcn.org.uk/clinical-topics/Public-health/Immunisation

Please note, your membership login will be required. Non-members may complete a free registration to access.

3b. RCN travel health information

This webpage provides comprehensive detail and a current list of websites relating to travel health, including the following topics:

- Malaria including the World Malaria Report and other malaria information links
- Disease information e.g. COVID-19, MMR, Rabies, Yellow fever and Zika virus
- Female Genital Mutilation
- Lesbian, Gay, Bisexual and Transgender travel advice
- The Foreign, Commonwealth and Development Office
- Courses, conferences, and study days.

To access visit: www.rcn.org.uk/clinical-topics/public-health/travel-health

Please note, your membership login will be required. Non-members may complete a free registration to access.

3c. Drug information for vaccines and Malaria Chemoprophylaxis

- The electronics medicine compendium at: medicines.org.uk/emc
- The British National Formulary (BNF) at: bnf.nice.org.uk
- The BNF and BNF for Children App at: bnf.org/products/bnfbnfcapp

3d. Prescribing

- RCN information about PGDs and PSDs at: <https://www.rcn.org.uk/clinical-topics/Medicines-management/Patient-specific-directions-and-patient-group-directions>
Please note, your RCN membership login will be required.
- NHS Specialist Pharmacy Service information on Patient Group Directions at: sps.nhs.uk/home/guidance/patient-group-directions
- CQC Mythbuster 19 on PGDs and PSDs at: cqc.org.uk/guidance-providers/gps/gp-mythbuster-19-patient-group-directions-pgdspatient-specific-directions
- Prescribing for Travel Vaccines FAQs at: janechiodini.co.uk/help/faqs/faq-1-prescribing-travel

3e. International travel related resources

- Centers for Disease Control and Prevention, USA (CDC) at: nc.cdc.gov/travel
- European Centre for Disease Prevention and Control (ECDC) at: ecdc.europa.eu/en
- World Health Organization at: who.int
- World Health Organization Travel and Health information at: who.int/health-topics/travel-and-health

3f. Useful travel health sites for the general public

- fit for travel at: fitfortravel.nhs.uk/home
- TravelHealthPro at: travelhealthpro.org.uk
- Foreign Commonwealth and Development Office (FCO) at: gov.uk/foreign-travel-advice and the FCDO Travel Aware campaign at: travelaware.campaign.gov.uk
- NHS Overview Travel vaccinations at: nhs.uk/conditions/travel-vaccinations

4. Professional development in travel health

4a. Travel-related organisations

- British Global and Travel Health Association (BGTHA) at: bgtha.org
- Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow (RCPSG) at: rcpsg.ac.uk and go to the travel medicine section
- International Society of Travel Medicine (ISTM) at: istm.org
- The American Travel Health Nurse Association (ATHNA) at: athna.org
- RCN Public Health Forum at: rcn.org.uk/clinical-topics/Public-health

4b. Education and training in travel health

- The Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow provides a selection of education, including a Professional Certificate in Travel Medicine, the RCPSG Postgraduate Diploma in Travel Medicine, and the RCPSG Postgraduate Diploma in Expedition and Wilderness Medicine. Visit: rcpsg.ac.uk/travel-medicine/qualifications-in-travel-medicine for more information
- The Liverpool School of Tropical Medicine (LSTM) provides a part-time and fully online Professional Diploma in Travel Health educational programme, jointly developed with the National Travel Health Network and Centre (NaTHNaC) and with LSTM's Well Travelled Clinics. Visit Professional Diploma in Travel Health (ONLINE) at: www.lstmed.ac.uk/study/courses/professional-diploma-in-travel-health-online and Well travelled clinics at: www.lstmed.ac.uk/consultancy/case-studies/well-travelled-clinics
- TRAVAX (password required) at: travax.nhs.uk/resources
- TravelHealthPro at: travelhealthpro.org.uk/factsheet/24/educational-events
- The NHS Education for Scotland (NES) Travel Health Education resource supports those working within NHS Scotland travel health service settings to develop the knowledge and skills they require to safely and effectively deliver the NHS Scotland Level 2 travel health components specified within the Vaccine Transformation Programme. This resource will be of interest to those who are new to travel health service provision, or wish to refresh their current knowledge around the travel risk assessment and NHS travel vaccines. It is freely available to health care professionals through the NES TURAS Learn online platform. To access this resource, you will need to log into TURAS Learn at: learn.nes.nhs.scot/66632. If you do not have an account, you can sign up for free by clicking on: [Registration for TURAS Learn](#)
- There are numerous other providers of travel health education in the UK. Care should be taken when booking an independent course to ensure the trainer is trained to a higher level of travel health, and shows a recognisable qualification in the subject
- International Society of Travel Medicine at: istm.org/educationalactivities

Important information to remember

As travel health is a fast-moving area of practice, nurses are reminded to use the most current information when advising travellers.

RCN quality assurance

Publication

This is a RCN competence knowledge and skills framework to support personal development and career progression.

Description

This framework defines the standards of care expected for a competent registered nurse, experienced/proficient nurse, and a senior practitioner/expert nurse delivering travel health services.

Publication date: May 2023

Review date: May 2026

The Nine Quality Standards

This publication has met the Nine Quality Standards of the quality framework for RCN professional publications. For more information or to request further details on how the standards have been met in relation to this professional publication, please email: publications.feedback@rcn.org.uk

Evaluation

The authors would value any feedback you have about this publication. Please email: publications.feedback@rcn.org.uk clearly stating which publication you are commenting on.

RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK, but readers are advised that practices may vary in each country and outside the UK. The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this website information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN.

© 2023 Royal College of Nursing. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the publishers. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the publishers.

The RCN represents nurses and nursing, promotes
excellence in practice and shapes health policies

Published by the Royal College of Nursing
20 Cavendish Square
London
W1G 0RN
rcn.org.uk

May 2023
Review date: May 2026
Publication code: 010 573

