

COVID-19 vaccination programme:

Upskilling the COVID-19 vaccination workforce to ensure workforce retention to support autumn booster programme

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There is going to be a reduction in demand between the Spring and Autumn COVID-19 booster campaigns. This pack is for **Lead Employers, Regional Workforce Leads and Regional Retention Leads** to use as a practical guide that will provide:

- Overview of financial guidance covering July and August 2022
- Guidance on options for alternative roles and upskilling opportunities to retain the workforce during periods of lower demand
- Information that can be shared with appropriate stakeholders and delivery organisations to encourage uptake of unregistered workforce in alternative NHS roles.
- Suggestions for overall retention activities to ensure the programme retains staff and there is sufficient workforce in place to deliver the Autumn booster campaign.

Please note the information in this pack will be updated, in particular training pathways. Changes in future versions will be highlighted.

Other COVID-19 Vaccination Workforce and Training guidance and toolkits are available on [Future NHS](#)

Overview of options to utilise the COVID-19 vaccination workforce



The COVID-19 vaccination programme continues to be of national importance as well as a priority to the wider NHS. The COVID-19 vaccination workforce needs to be flexible to meet demand, including resilience for surge and planned increases and decreases in demand. The following are the areas of opportunities that can help retain the talented vaccination workforce during periods of lower demand to create greater levels of resilience for the vaccination workforce:

Supporting the broader NHS

1. Supporting other immunisation programmes

There is an opportunity to utilise the COVID 19 workforce, including the unregistered workforce to support NHS immunisation campaigns that have become delayed due to the pandemic.

In order to deploy the workforce onto other campaigns, it's important to understand:

- Which vaccines should be prioritised
- Medical qualifications needed to administer
- Training needed for non-registered workforce to support
- Localised demand determined with regional PHC teams
- Contractual and staff recharge arrangements
- Legal mechanisms for administration

2. Workforce redeployment to support the wider elective recovery

There is an opportunity to temporarily redeploy the workforce in low demand to address supply pressured areas of the NHS where the skillsets are complimentary.

The key roles and competencies that make up the vaccination pathway are suitable to transfer to a number of different settings, including but not limited to:

- Patient facing roles
- Administrative roles
- Outpatient departments roles including to increase throughput or flow
- Supporting virtual wards with both clinical and non-clinical roles

Upskilling the vaccine workforce

3. Training for wider NHS opportunities

There is an opportunity to upskill the vaccination workforce with additional competencies and skill sets to strengthen the capability of the workforce and enable redeployment to support the wider NHS.

The level of training required will differ across role categories. Training could include, but is not limited to:

- Vaccination of non-covid vaccines
- Health care certification
- Mandatory training
- Screening programmes
- Flu vaccinations
- Making Every Contact Count

4. Longer-term career opportunities

Retaining the great talent on our vaccination programme is critical and the quieter periods offer the opportunity to optimise retention activities including understanding the demand for workforce in wider local NHS services and associated career paths and engaging with staff on their career aspirations.

NHS has a diverse set of career paths offering flexible clinical and non-clinical roles, through paths such as:

- NHS Reserves
- HCSW programme
- Career in Nursing
- Apprenticeships
- Corporate roles
- Non-clinical management roles

This complements existing guidance and further information on financial processes which is available from your regional finance lead.

- This is an opportunity to upskill the workforce to support vaccination and immunisation services, where this is being done through a lead employer the existing training funds can be used to support this.
- There are opportunities for the workforce to be redeployed in the short term to support the wider NHS, including elective recovery. Where staff are being redeployed from the vaccination programme to support the wider NHS, the appropriate recharge arrangements should be in place. Where there is not funding available to support the redeployment then providers should escalate this through their commissioners as a specific issue.
- There are sufficient volunteer stewards identified through the national contracts to support for the duration of this period, therefore all lead employers need to ensure that **any paid volunteer arrangements are brought to an appropriate conclusion.**
- The [remuneration for training guidance](#) details how staff should be paid for training undertaken to support the COVID-19 vaccination programme. These costs can be reclaimed through the standard monthly financial return at the appropriate time.
- Options for deployment and training should be explored before alternative financial payments are considered. **Every local team should now be planning how they will make full use of the trained workforce to maintain vaccination activities, alongside other services, and ensure staff have the rest they need.**

NHS immunisation programmes that could be supported by the COVID-19 workforce



There is an opportunity to support elective recovery within the NHS by utilising the COVID-19 workforce to support wider NHS immunisation programmes. This can currently take place under the patient specific directive (PSD) model utilising existing training pathways. In the event that the national protocol is expanded, the COVID-19 workforce could also be utilised under the National Protocol delivery model.

Vaccine	Cohort & age	Period	Setting
Flu	Adults (65+)	Seasonal (Autumn)	Primary Care
PPV	Adults (65)	Any time of the year	Primary care
Shingles	Adults (70)	Any time of the year	Primary care
MMR	12-15y	Any time of the year	School imms
HPV	12-15y (12-13y)	Any time of the year	School imms
Td/IPV (3-in-1)	12-15y (14y)	Any time of the year	School imms
MenACWY	12-15y (14y)	Any time of the year	School Imms
Flu nasal (LAIV)	5-11y (5-10y)	Seasonal (Autumn)	School imms
Neonatal BCG*	Newborn	Any time of the year	Primary care
MMR*	Pre school	Any time of the year	Primary care

Training for existing Covid-19 vaccinators to administer additional vaccines for other routine immunisation programmes should follow the guidance in the National Minimum Standards and Core Curriculum for Immunisation Training for [Registered Healthcare Practitioners](#) and [Healthcare Support Workers](#)

Use of unregistered workforce under available legal mechanisms of delivery:

Patient Group Directive (PGD):

- Delegation of supply and administration of **an injectable medicine** to an unregistered member of staff is not permitted under this legal mechanism. However They can be considered for tasks such as: providing assistance with ordering, fridge management, and occasional back-office admin support.
- A HCSW can administer the flu nasal spray (LAIV) after this has been supplied by a nurse working under a PGD as this is **a non-injectable medicine**

*Training pathways for Neonatal BCG and MMR pre school are still being developed

Patient Specific Directive (PSD):

Overall requirements:

- **Clinical decision:** Prescription from local GP/ Prescriber on site
- **Supply of medicine:** Pharmacy responsible for dispensing
- **Administration of vaccine:** HCSW under the authority of the prescriber

Experienced unregistered COVID-19 workforce can be upskilled and trained to support a variety of immunisation programmes under the PSD model



Where there is the opportunity to upskill the workforce to support wider immunisation programmes lead employers should engage with their Public Health Commissioning teams to determine the support appropriate for their specific geography. Training pathways are outlined below.

Vaccine programme	Immunisation E-learning modules to complete	Vaccine specific training to complete
Td/IPV	<ul style="list-style-type: none"> A F2F foundation course covering the areas listed in the Core Curriculum is strongly recommended Where F2F or online virtual training is not possible, vaccinators should complete the remaining modules and assessments within the Immunisation e-learning programme: ~2.5hrs <ul style="list-style-type: none"> National Immunisation Policy and Programmes Immunology Vaccine Preventable diseases Communicating with Patients, Parents and Carers The opportunity to shadow and work with an experienced registered immunisation practitioner is recommended 	<ul style="list-style-type: none"> Vaccine-specific e-learning for Td/IPV (tetanus, diphtheria & polio) Read and stay alert to relevant vaccine-specific chapters in Part 2 of the Green Book Competency assessment & sign-off* (including a period of supervised practice) for Td/IPV vaccinations
MenACWY		<ul style="list-style-type: none"> Vaccine-specific e-learning for MenACWY Read and stay alert to relevant vaccine-specific chapters in Part 2 of the Green Book Competency assessment & sign-off* (including a period of supervised practice) for MenACWY vaccinations
HPV (2 doses females)		<ul style="list-style-type: none"> Vaccine-specific e-learning for HPV Read and stay alert to relevant vaccine-specific chapters in Part 2 of the Green Book Competency assessment & sign-off* (including a period of supervised practice) for HPV vaccinations
HPV (males)		<ul style="list-style-type: none"> Vaccine-specific e-learning for HPV Read and stay alert to relevant vaccine-specific chapters in Part 2 of the Green Book Competency assessment & sign-off* (including a period of supervised practice) for HPV vaccinations
Shingles measured at 70 years old (first eligible)		<ul style="list-style-type: none"> Vaccine-specific e-learning for shingles Competency assessment & sign-off* (including a period of supervised practice) for adult shingles vaccinations
Shingles measured at 78 years old (catch up cohort)		<ul style="list-style-type: none"> Vaccine-specific e-learning for shingles Competency assessment & sign-off* (including a period of supervised practice) for adult shingles vaccinations
Pneumococcal Polysaccharide Vaccine (PPV) (65 years old)		<ul style="list-style-type: none"> Vaccine-specific e-learning for PPV Competency assessment & sign-off* (including a period of supervised practice) for PPV vaccinations

Training requirements for existing COVID-19 vaccinators administering flu vaccination



The National Protocol is already in place to conduct flu vaccinations. We recommend that you use periods of reduced demand to upskill vaccinators in administering flu vaccine to increase co-administration. The [Flu Immunisation Training Recommendations](#) set out the minimum standards of training flu immunisers. Flu training should cover the topics in the Core Curriculum for Immunisation Training (for [RHCPs](#) or [HCSWs](#)) relevant to the immuniser's specific area of practice, the flu vaccine(s) that they will deliver and their role.

No.	Core knowledge area	Need to complete	Training requirements
1.	The aims of the current influenza vaccine policy	Yes via Flu Immunisation e-learning	Existing trained COVID-19 vaccinators would need to complete sessions: 1. Core Knowledge module within Flu Immunisation e-learning programme 2. For adults vaccinations vaccinators must also complete the Inactivated Flu Vaccines module 3. For children vaccinations vaccinators must complete the live flu vaccine module
2.	The immune response to influenza vaccines and how they work	Yes via Flu Immunisation e-learning	
3.	Vaccine preventable diseases – influenza	Yes via Flu Immunisation e-learning	
4.	The different types of vaccines, their composition and the indications and contraindications for influenza	Yes via Flu Immunisation e-learning	
5.	Current issues relating to influenza	Yes via Flu Immunisation e-learning	
6.	Communication with patients and parents about influenza	Yes via Flu Immunisation e-learning	
7.	Legal issues including consent and use of PSDs and PGDs	No – already covered in COVID-19 vaccination e-learning	
8.	Storage and handling of influenza vaccines	Yes via Flu Immunisation e-learning	
9.	Correct administration of influenza vaccines	Yes via Flu Immunisation e-learning (<i>also the same as COVID vaccination i.e. via IM injection</i>)	
10.	Anaphylaxis, basic life support and adverse reactions	No – already completed Anaphylaxis and BLS training for COVID-19 vaccinations	They should also be provided with a F2F opportunity for Q&A to address any concerns or questions around flu vaccination and co-administration. They should then be assessed and signed-off as competent against the Flu Vaccinator Competency Assessment Tool by a Supervisor (RHCPs who are experienced vaccinators may complete a self-assessment).
11.	Documentation, record keeping and reporting	No – they should already be clear on this from being involved in COVID-19 vaccinations (<i>also covered in Flu Immunisation e-learning</i>) – <i>if the PoC system is modified they may need to be retrained</i>	
12.	Strategies for the effective organisation of vaccination sessions	No – they should already be clear on this from being involved in COVID-19 vaccinations	
13.	The role of the HCSW as an immuniser	This should be refreshed by their Supervisor.	
14.	Support for the HCSW e.g. supervision, mentorship and reflection	This should be refreshed by their Supervisor.	

***Flu training materials are due to be updated as part of the cyclical flu training update**

Unregistered workforce can be upskilled or deployed to support wider NHS services and/or sign up for training opportunities to support the wider NHS



Investing time in upskilling the COVID-19 vaccination workforce will increase their ability to support additional roles, temporarily or as long-term careers within the NHS. The following outlines some of the opportunities that people can be upskilled to support the wider NHS.

Role	Registration status	Main Skills & Competencies	Examples of redeployment / training opportunities	Examples of wider NHS roles/careers
Front of House (Band 2)	Unregistered	<ul style="list-style-type: none"> Computer literacy Records & data management Customer service & communication 	<ul style="list-style-type: none"> Administrative support roles NHS 111 support roles Support with recruitment activity post basic training Support elective recovery 	Administrative roles <ul style="list-style-type: none"> Clerk Health records staff Medical secretary / personal assistant Receptionist Secretary / typist Telephonist / switchboard operator Wider Healthcare Team roles
Admin Support (Band 3)	Unregistered			
Healthcare Care Assistant– (Band 3)	Unregistered	<ul style="list-style-type: none"> Patient observation Providing post-procedure care Anaphylaxis Management Basic Life Support Safeguarding Customer service & communication 	<ul style="list-style-type: none"> Making every contact count Administrative support Upskill in order to utilise in other areas Use in outreach models to ensure patient safety Utilisation in school settings to support SAIS providers Transfer to primary care and community pharmacies Outpatient clinic support Commit to completing the Care Certificate to access HCSW roles Support elective recovery 	Staff who have completed the Care Certificate can start working in other Healthcare Support Worker roles, such as: <ul style="list-style-type: none"> Dietetic assistant Healthcare assistant Maternity support worker Occupational therapy support worker Physiotherapy assistants / support worker Radiography assistants and imaging support workers Speech and language therapy assistant Discover more Healthcare Support Worker roles
Vaccinator (Band 3)	Unregistered	<ul style="list-style-type: none"> Aseptic non-touch technique IM injection administration Vaccine preparation Immunisation principles Anaphylaxis management Basic Life Support Safeguarding Customer service & communication Reassuring anxious patients 	<ul style="list-style-type: none"> Oximetry at home could be delivered (<i>training required</i>) Utilise SJA in HHs, and more in CPs & PCNs Non-clinical inpatient support worker role Remote roles e.g. contact patients re appointment reminders (esp. housebound) Outpatient support worker roles (some training required) Commit to completing the Care Certificate to access HCSW roles In-reach to maternity to support COVID-19 vaccination of pregnant women Support elective recovery 	Vaccinators can be upskilled to be a HCSW or trained in other clinical roles, such as: Phlebotomy

Registered workforce can be redeployed to support wider NHS services



Investing time in upskilling the COVID-19 vaccination workforce will increase their ability to support additional roles, temporarily or as long-term careers within the NHS. The following outlines some of the opportunities that registered workforce could be deployed into supporting the wider NHS:

Role	Registration status	Main Skills & Competencies	Examples of redeployment / training opportunities	Examples of wider NHS roles/careers
Registered Healthcare Professional (Band 5)	Registered	<ul style="list-style-type: none"> Capacity & consent Anaphylaxis Management Basic Life Support Safeguarding Cold chain management Incident response management 	<ul style="list-style-type: none"> Band 5 HCP support with outreach and healthcare visits Utilising the retired workforce, who may not be suitable for the hospital environment but could be used to support in primary care or virtual working (i.e. direct calling patients to support primary care) Supporting the outpatient departments to increase throughput or flow Vaccination of care homes or housebound in collaboration with primary care Support screening programmes in local area Support elective recovery 	<ul style="list-style-type: none"> Nursing Physiotherapist Occupational therapist Dental teams Management roles Public Health Psychological Professions Wider Healthcare Team roles
Registered Healthcare Professional (Band 6)	Registered	<ul style="list-style-type: none"> Customer service & communication Having difficult conversations & handling delicate situations 		

Opportunities to upskill and maximise the strength and value of the existing COVID-19 vaccination workforce



There are many online learning programmes available to help individuals develop additional skills and knowledge to enable the redeployment of workforce across the wider NHS. Completing online training may be a relatively quick and easy way to address any gaps in their suitability for an identified role.

1 Advanced statutory/mandatory training

Individuals may have already completed some of the statutory/mandatory e-learning package for their role in the vaccination programme. Another opportunity to enhance future employability is to complete additional modules in this package (such as advanced Safeguarding or Resuscitation).

Statutory/mandatory e-learning modules are [available to complete on e-LfH](#). They are free and accessible to anyone who wants to complete them.

2 HEE Care Certificate

The [Care Certificate](#) ensures healthcare support workers have the skills to provide safe, compassionate and high-quality care.

The [e-learning modules](#) are free to complete. Individuals may have already completed some as part of their statutory/mandatory training for the vaccination programme.

For each standard, they must then be assessed in practice to demonstrate how they are applying their learning.

3 NHS Leadership Academy Edward Jenner Programme

The [Edward Jenner programme](#) is a free online programme that supports health and social care staff to develop essential leadership skills.

The course is designed to help individuals deal with the daily challenges of working in healthcare, care for patients and provide leadership for those around them.

There are approx. 40 hours of online learning which can be completed at their own pace. They then need to submit a piece of written evidence.

4 PHE All Our Health Programme

The “All Our Health” e-learning programme provides support and guidance for health and care professionals on how to embed prevention within their work, helping to reduce health inequalities, premature morbidity and mortality.

The e-learning sessions are free and available [on e-LfH](#).

5 HEE IT skills pathway

The [IT Skills Pathway](#) provides access to quality assured, customisable learning and assessment products from basic digital skills through to more advanced Microsoft Office products.

The IT skills pathway is a free resource which is delivered by Health Education England (HEE)’s partner work area ([Digital Learning Solutions](#)).

All of the learning is delivered through the IT Skills Pathway network of training centres.

6 Functional Skills

Many roles and apprenticeships require GCSE Maths and English or equivalent qualifications. For individuals who do not have these qualifications, it may be worthwhile for them to complete Functional skills courses in Literacy and Numeracy.

There is also a Digital Numeracy Functional skills course which provides digital skills which are useful for Administrative roles.

Free online learning tools are available on the [Skills for Health website](#).

7 Access to courses on e-LfH

There is a wide range of e-learning courses which are free and accessible through the [e-LfH platform](#). Individuals can complete courses which are of particular interest to them, and which provide them with skills and knowledge in a certain field of expertise to support them in a future role in healthcare.

8

Experience

Many roles do not require a specific qualification, however employers may want the individual to have had some relevant experience (whether that be in a paid or voluntary capacity). If they do not have any previous experience in the healthcare sector, there are several ways they can [gain some experience](#) before applying for a role, such as through an internship or by volunteering.

COVID-19 workforce can be upskilled to conduct making every contact count (MECC) interventions

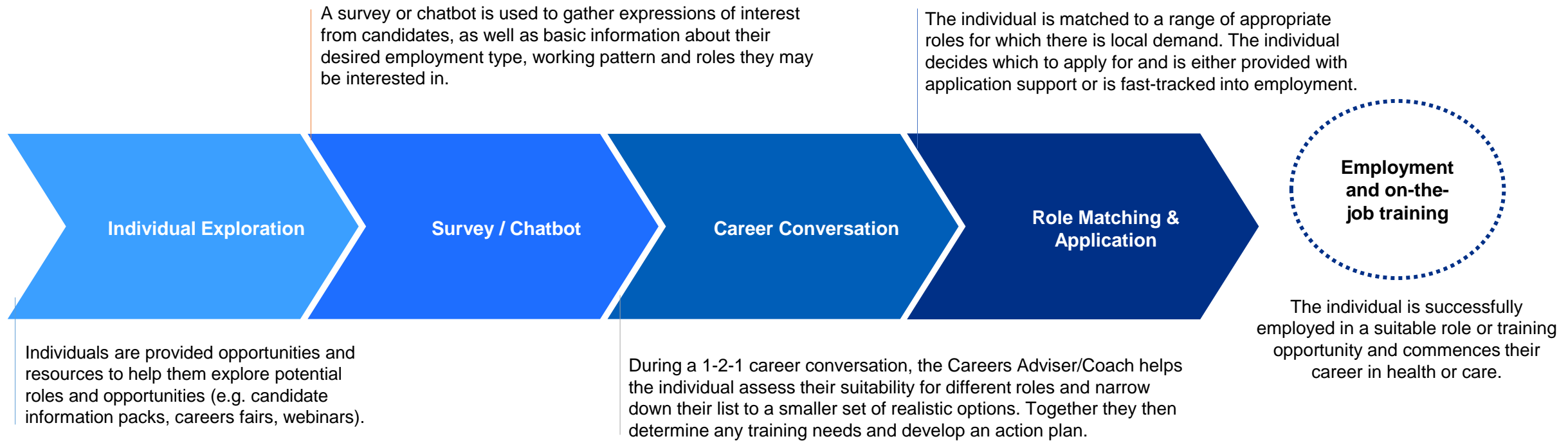
The table below provides an overview of the responsibilities, competencies and training required for each MECC intervention. We suggest that systems work with lead employers to identify specific health interventions that would be beneficial to the local system. This may include agreeing any shadowing opportunities for staff before they can perform the role. It is recommended that unregistered staff supporting MECC interventions have either completed or are working towards the [Accelerated Care Certificate](#).

Suggested MECC interventions	MECC responsibilities by workforce can include:	Competencies required	Training requirements	Who can support the MECC intervention?
1. Display health promotion materials (posters, leaflets, information)	<ul style="list-style-type: none"> Support with logistics to get the promotional materials in physical format and other necessary stationary available on site Support with the set-up and placement of digital/printed materials at agreed point in the pathway Place materials strategically so individuals can spot them easily (e.g. in vaccination booths) and are likely to read them (e.g. waiting areas) 	<ul style="list-style-type: none"> <input type="checkbox"/> Staff know who the point of contact is for any further information required by patients <input type="checkbox"/> Staff are briefed and understand the purpose of MECC interventions 	<ul style="list-style-type: none"> What is MECC and why is it important? Staff are briefed on the intervention 	Admin, HCAs, HCSWs, RHCPs, Volunteers
2. Signposting & motivational interviewing	<ul style="list-style-type: none"> Identify when it is the right time and place and proactively apply this intervention (i.e. in the waiting area or during the assessment or vaccination stage) Motivational interview about specific health areas (i.e. patient health and lifestyle, flu vaccine, relevant NHS screening programmes) Direct individuals to information on local health services and to relevant resources on or off site 	<p>In addition to the competencies required to undertake the intervention above:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Competent in motivational interviewing in brief interventions (or equivalent Health Screening and Promotion) <input type="checkbox"/> Demonstrate knowledge of locally promoted health services and how to access them <input type="checkbox"/> Competent in signposting to accurate, current and relevant materials, as well as signposting to other health improvement services 	<ul style="list-style-type: none"> What is MECC and why is it important? How to have a MECC conversation Motivational Interviewing in brief interventions training Signposting 	Admin, HCAs, HCSWs, RHCPs
3. On-site health interventions, as determined locally.	<ul style="list-style-type: none"> The exact responsibilities and who can fill the role should be based on local determination and associated specific intervention. 	<p>To be locally determined. Examples of competencies are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff are briefed and understand the purpose of MECC interventions <input type="checkbox"/> Staff know who the point of contact is for any further information required, including escalations. <input type="checkbox"/> Staff demonstrate knowledge of the promoted health service and how to access them <input type="checkbox"/> Competent in delivering the specific intervention 	<p>The vaccination site leads can access a range of e-Learning resources to support them when getting the staff skilled up to be able to deliver specific interventions:</p> <ul style="list-style-type: none"> MECC E-Learning for Health (eLfH) Package MECC official website PHE All Our Health e-learning programme 	Locally determined based on the type of intervention

Build on retention successes through a focus on exploring long-term career opportunities in healthcare for the COVID-19 vaccination workforce



Over 13,500 vaccination staff, as of mid-May 2022, were retained to start a career in the health service. This has been possible as a result of robust retention approaches and systems should optimise retention activities during periods of lower demand and continue to align retention across respective ICSs. Examples of activities should include increasing engagement activities such as contacting staff yet to be offered a career conversations, careers events/webinar, role matching, raising awareness of learning and career opportunities etc.



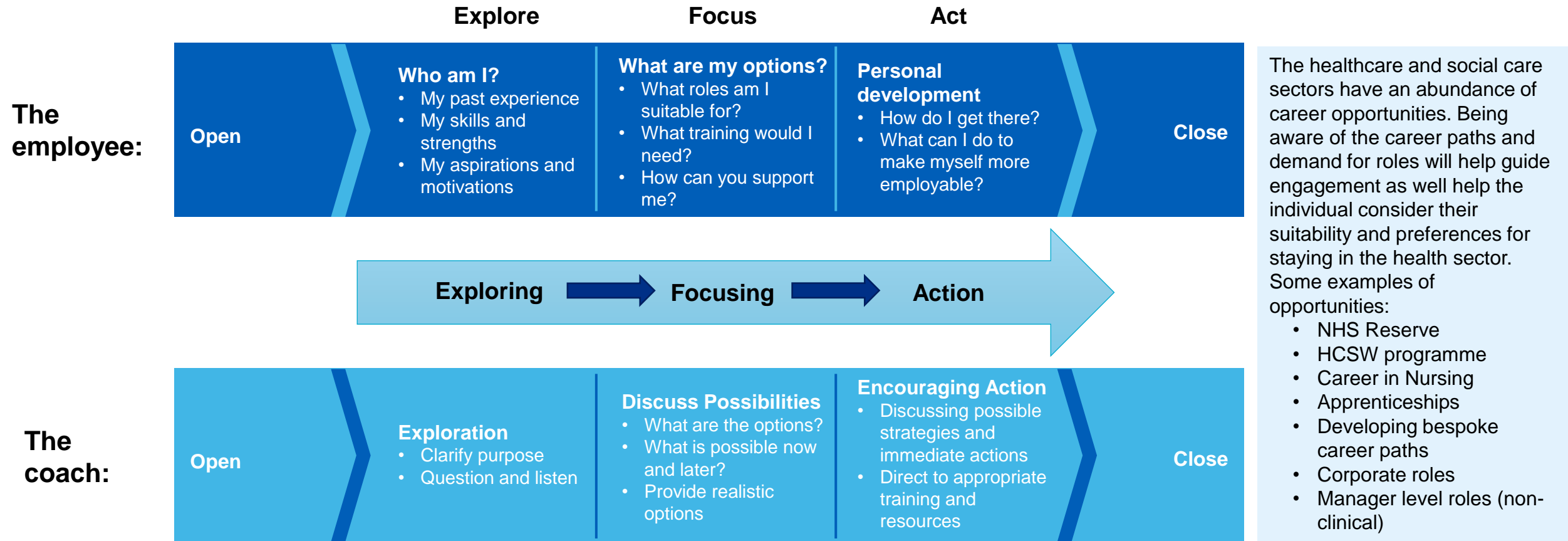
Retention resources on NHS Futures:

- [Guide for employers: Local Retention for unregistered staff](#)
- [Guide for Unregistered Staff: Career opportunities in healthcare](#)
- [Skills requirements for clinical and non-clinical roles](#)

Useful process for helping staff to think through their career/life motivations, transferrable skills and career aspirations.



Not all staff within the vaccination programme have had the opportunity to access career conversations due to demands on the workforce. There is an opportunity to conduct and schedule more career conversations during this period. There is also an opportunity to upskill coaches to ensure conversations are impactful and effective.



Equality, diversity and inclusion (EDI) and wellbeing at the heart of the end-to-end employee experience and career opportunities



The NHS is committed to ensuring we have a workforce that reflects the communities it serves, being the best workplace for staff, volunteers and partners, and prides itself on having a workforce from all walks of life and experiences. System retention plans and interventions should reflect local commitments for EDI and wellbeing in the form of practical interventions that may benefit your vaccination workforce (existing and new recruits).

[The People Promise](#) outlines the NHS ambitions to being an inclusive employer along with creating the right culture where staff are listened to and have line of sight on career opportunities and progression.

Local recruitment for Autumn boosters

Our vaccination workforce is a flexible pool of temporary staff, prone to fluctuating for a number of reasons including in response to changes in the level of vaccine activities.

Workforce leads should start reviewing any need for additional staff, taking into consideration locally determined expected churn, and advertise for positions soon.

Insights from national recruitment informs us that the end to end recruitment of unregistered vaccinators takes between 6-8 weeks, including vetting, training and onboarding.

Tip #1: Consider partnering with local organisations to take opportunities to support hard to reach communities.

Tip #2: Review recruitment processes to sense check EDI is incorporated, including job description, interview questions etc.

Staff wellbeing

It is vital we use the summer period to encourage our substantive staff to take a well earned rest and book their annual leave now, particularly ahead of the imminent Autumn surge, so staff continue to be best placed to support another busy period.

Please do check-in with staff on their wellbeing and offer them access to local support available for staff. Workforce leads should collaborate with Local Wellbeing leads to raise awareness of support available. You can also use the [NHS health and wellbeing framework](#) to understand where organisations should prioritise health and wellbeing efforts.