

To: All GP practices in the SW for sharing with Immunisation leads and Cervical Screening Lead
ICB Primary Care Leads for sharing with Primary Care Network Clinical Leads

NHS England – South West
South West House
Blackbrook Park Avenue
Taunton
Somerset
TA1 2PX

cc. ICB Chief Nurses
ICB Medical Directors
SW Local Medical Committees

17 January 2024

Dear Colleagues,

Training and certification of competency: cervical screening and immunisations

As part of our commitment to continuous improvement and learning from incidents, we would like to share some learning from some recent incidents affecting the training of GP practice staff undertaking immunisation and cervical screening programmes that we hope will be helpful to prevent other similar incidents. This letter focuses specifically on the learning for GP practices; wider learning for other stakeholders working in these programmes is being shared in the appropriate forums. It is recognised that such incidents can have a significant impact not just on the delivery of services and patients but also on staff involved directly in the incident and those who support the actions taken to prevent recurrence. We would like to extend our thanks to all those with whom we have worked when such incidents arise.

Please see below some case studies based on recent incidents:

- ❑ When selecting immunisation training for a new member of staff, instead of booking the new vaccinators course, a Practice inadvertently booked the refresher course, which led to the staff member vaccinating patients without having evidence of completing the full training programme. The staff member had to undertake a review of competency and a risk assessment was undertaken to confirm patients had been vaccinated correctly, leading to disruption to service delivery.
- ❑ A Practice identified that following recruitment of a new member of staff, some vaccinations had not been properly documented. Investigations found that during recruitment training logs and competency had not been checked. The Practice subsequently undertook these checks to be fully assured that immunisation training had been completed correctly and found this was the case, however, service delivery was interrupted during the investigations and a risk assessment had to be undertaken to confirm patients had been vaccinated correctly.

- ❑ After the completion of training by two new members of GP practice staff, it was identified that the cervical screening sample taker training logbooks were not complete, with inadequate evidence that the sequence of training had been followed correctly, and that there had not been appropriate reflection by the trainee and supervisor prior to the trainee proceeding to unsupervised practice. In addition, due to circumstances outside the control of the Practice, the final assessment was not completed by an external assessor in line with national guidance. The sample-takers had to undertake the full training programme again and following risk assessment a number of patients had to be recalled for repeat samples.

- ❑ A Practice did not review the training record of a new cervical screening sample taker and did not notice that the staff member was still using a trainee sample taker PIN code. This was picked up by the laboratory and on review of training, it was found that the staff member did not have a complete training logbook. The staff member had to pause taking samples whilst the correct information was found to provide assurance that the training had been completed, thus interrupting service delivery and creating appointment delays.

These incidents highlight a number of contributory factors across primary care, training providers and the oversight and governance of the training for immunisation and cervical screening, including:

1. The importance of knowledge and understanding of the national immunisation and cervical screening training guidance by all those involved with training.
2. Correct choice of training course by the employer for each stage of immunisation training.
3. The key role of both the trainee and the practice mentor in supervision and reflection throughout training and especially at key transition points, such as moving from supervised to unsupervised training, and at the end of training prior to sign off as competent.
4. Employer awareness there is no external quality assurance of the training offer or training delivery by training providers (please note: there is an accreditation process for the theoretical aspects of the training offered by cervical screening training providers), hence the importance of due diligence of the choice of training provider by employers.

In Appendix 1, we have collated the key learning points from recent incidents related to immunisation and cervical sample-taker training and hope these are helpful to support GP Practices in the training of their staff working within these programmes. In Appendix 2, we have also included, for information, the relevant information about the regulations and employer responsibilities for training.

Please can we take this opportunity to remind colleagues that any screening incidents should be reported to england.swvast@nhs.net and any immunisation queries or incidents should be reported to the South West Immunisation Regional Clinical Advice and Response Service (ICARS) at england.swicars@nhs.net.

We thank you for your ongoing support and commitment to the delivery of the immunisation and cervical screening programmes.

Yours sincerely,

Sent by email

James Bolt

Head of Public Health Commissioning

SW Vaccination & Screening Team

NHS England SW/SW Collaborative
Commissioning Hub

Alison Mackenzie

Consultant in Public Health Medicine/Screening and
Immunisation Lead

SW Vaccination & Screening Team

NHS England SW/SW Collaborative Commissioning
Hub

Appendix 1: Key learning

Table 1: Learning relevant to both immunisation and cervical screening sample-taker training:

| | |
|---|---|
| <p>Nurses new to practice</p> | <p>Employers must ensure that nurses new to practice are directed to the national training requirements and ensure that they are aware that they are expected to be familiar with and maintain these requirements, thereby working within the limits of their competence to preserve patient safety as set out in the Nurses Code of Conduct NMC Code</p> |
| <p>Employer due diligence in choice of training provider</p> | <p>As there is no national or regional register of accredited immunisation training providers (see Table 3 for more details) and cervical screening sample-taker training providers, employers should undertake appropriate due diligence with regard to the choice of training course and training provider to ensure that the provider is appropriately accredited (mandatory requirement for cervical screening sample-taker training providers – see Table 2 for more details) and that the course meets national training requirements (and is appropriate to the staff member's needs).</p> |
| <p>Competence of practice mentors</p> | <p>Employers must ensure that all professional staff who are directly supervising/mentoring nurses in training for immunisation and cervical sample-taking are themselves competent in that area of practice, are fully up to date with their own training and CPD, and are up to date with the current national training requirements. This may involve additional training and supervision with the training provider, and attendance at training provider led peer networks for supervisors and mentors.</p> |
| <p>Competence of practice assessors</p> | <p>Employers must ensure that all professional staff who are assessing staff in training for immunisation and cervical sample-taking are competent to do so and have undertaken all necessary training for the assessor role. This may involve additional training and supervision with the training provider, and attendance at training provider led peer networks for assessors.</p> |
| <p>Assessment of competence to move from supervised to</p> | <p>Employers must ensure that staff in training only progress to unsupervised practice when they have been appropriately assessed, and training logbooks have been completed and signed off by the practice mentor; these documents form an important part of the staff</p> |

| | |
|--|---|
| unsupervised practice | member's training records providing evidence of competence to be able to move to the next stage of training |
| Assessment of competence to move from unsupervised training practice to solo practice | <p>Employers must ensure that the final assessment of both immunisation and cervical sample taker training is undertaken by a suitably qualified and experienced assessor.</p> <ul style="list-style-type: none"> • For immunisation training, this can be a member of the same team (ideally not the practice mentor) or PCN or another practice. • <u>For cervical screening, this must be an external assessor</u>, who should be provided by the training provider, and who is external to the place of work of the staff in training. (Note that this requirement came into place in the 2020 update to the national training guidance). |
| Quality of individual training logs and practice training record keeping and audit | <p>Employers must ensure that staff in training for immunisation and cervical sample-taking and their supervisors/mentors/assessors complete the correct training documentation and training logs (these may be provided by the training provider) to record both foundation and update training. This is important as records of foundation training, logbooks and signed off competency frameworks are required as evidence for completion of training, and records of update training are required for evidence of ongoing competence in the specified area of practice. The employer should also be checking such training records as part of induction of new starters to assure themselves of training and competence.</p> <p>The employer should also ensure that all staff training records are held centrally or can be easily accessed for audit and governance purposes.</p> |
| Monitoring of training progress and timely escalation | Employers must ensure that in the event of any concerns about the progress of training, these are raised immediately by the practice mentor with the training provider (for cervical) and with senior practice colleagues/training provider (for immunisation). |
| For info | Detailed guidance on all of the above is set out in the national training guidance – links in the sections below. |

Table 2: Additional learning specific to cervical screening sample taker training:

| | |
|---|---|
| <p>National training guidance</p> | <p>The updated NHS Cervical Screening Programme good practice guidance for sample takers was published on 31 July 2023 and details the training requirements for all sample takers working in the NHS Cervical Screening Programme (NHSCSP) thus ensuring via completion of the training, that sample takers meet the competency framework standard CHS37 'Obtaining cervical cytology samples from women' and thereby helping mitigate risk of sample taking incidents.</p> |
| <p>Requirement to only use accredited training providers</p> | <p>Employers need to be aware that they must only use accredited cervical sample-taker training providers. Cervical sample-taker training providers must seek external accreditation for their cervical screening foundation training (theory) course. The requirement for accreditation also applies to update training. Training provision must take place within the period of accreditation. Accreditation can be provided by a national awarding body, a professional organisation (for example a Royal College), a higher education institute or a university which offers this service. Training provider educational curriculum and content, teaching, assessment and evaluation methods must meet the programme quality standards as outlined in section 4 of the national training guidance, and those of the accrediting organisation.</p> |
| <p>Use of patient identifiable information in the training log</p> | <p>Employers should note that any patient identifiable information that is required as part of the training process must be <u>anonymised</u> in the training logbook with the use of an UID (Unique identification number) thus allowing the required traceability to individual patients for training purposes. This means that there is no risk of IG breaches when the training logbook is shared with the training provider for review and sign-off of completion of training.</p> |

Table 3: Additional learning specific to immunisation training:

| | |
|--|---|
| <p>National training guidance</p> | <p>The Immunisation training standards for healthcare practitioners - GOV.UK (www.gov.uk) published on 7th February 2018 details the minimum training requirements for all practitioners involved in immunisation to ensure they have a high level of knowledge and are confident in immunisation policy and procedures to help mitigate risk of incidents. To gain this, they need to receive comprehensive foundation training including supervision and support by a practice mentor, and annual updates.</p> |
| <p>National service specification</p> | <p>In England, the Section 7A core service specification for the national immunisation programme states that the provider has a duty to</p> |

| | |
|---|--|
| | ensure that contracted staff are fully competent and trained in accordance with these national standards. |
| Employer due diligence in choice of training provider | There is no accreditation framework for immunisation training providers. Therefore, employers and all staff involved in training should be aware of the national standards for immunisation training and the core topics to be covered in foundation training as set out in the national guidance to guide their due diligence and final decision about choice of training provider. |
| Importance of knowledge and understanding of the national immunisation training guidance by all those involved with training | National guidance is that practitioners who are new to immunisation and who will be advising on or administering the routine national schedule (e.g. Practice Nurses, Health Visitors) should receive comprehensive foundation immunisation training, either through a face to face taught course or a blended approach of both e-learning and a face to face taught course. The recommended minimum duration of this foundation immunisation training is two days (or 10 hours e-learning) in order to achieve all the learning outcomes listed in Appendix B of the national guidance. New immunisers should also have a period of supervised practice and support with a registered healthcare practitioner who is experienced, up to date and competent in immunisation, followed by an assessment using the competency assessment tool in the national standards document (Appendix A) or the RCN competency assessment tool Immunisation Knowledge and Skills Competence Assessment Tool Publications Royal College of Nursing (rcn.org.uk) |

Appendix 2 – Other information relevant to immunisation and cervical sample-taker training

As outlined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Primary Care providers are required to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs.

- Training, learning and development needs of individual staff members must be carried out at the start of employment and reviewed at appropriate intervals during the course of employment.
- Where appropriate, staff must be supervised until they can demonstrate required/acceptable levels of competence to carry out their role unsupervised.
- Staff should receive appropriate ongoing or periodic supervision in their role to make sure competence is maintained.¹

As employers, primary care colleagues must also ensure that:

- Training is accessed through an appropriate training provider.
- The training provider holds current accreditation for the course (this should be clear on the provider's website and if not then this should be checked with the provider).
- Training is appropriate for the learner's needs i.e. foundation/fundamentals training for those new to practice (these are one-off courses done at the start of training, and are longer with detailed curriculum to cover all aspects for the competency); or refresher training (these are shorter update courses, annual for vaccinators and three-yearly cervical sample-takers).
- For new starters as part of the induction process, the certificate of competency is verified, and the employer should assess whether a review of competency in the primary care setting is also undertaken prior to new staff commencing unsupervised practice.
- There are robust processes in place to ensure that all staff undertake training updates at the required intervals to remain competent and up to date with national training requirements, that training records are kept for all staff, and that these processes are audited.

Please note that organisations that provide cervical sample-taker training must seek external accreditation for both their initial training (theory) and update courses. The training provider must ensure that their educational content, teaching, assessment and evaluation methods must meet the national cervical screening programme quality standards (as outlined in [section 4](#) of the national training guidance) as well as the standards set out by

¹ Care Quality Commission [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014: Regulation 18](#)

the accrediting organisation. Although the accreditation process provides a stamp of approval which validates the quality and rigour of the training offered, it does not validate the quality and rigour of the delivery of that training.

END