Executive summary: perceptions of the RCN Travel Health Competencies Document

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Introduction

The aim of the project was to explore the current and potential usage of the RCN Travel Health competencies publication (Chiodini et al, 2012) to inform any future decisions on updating the document.

Method

The project utilised a combination of qualitative and quantitative methods using telephone interviews with a small number of expert nurses to develop a specific questionnaire for use on a wider audience of professional groups tasked with delivering travel health advice. The questionnaire was pilot tested prior to rollout. All data were analysed using an agreed analytic framework. Responses were classified according to users' and non-users' perspective, and were grouped under the following headings: use, quality, satisfaction and awareness of the document, intention for future use, improving travel health medicine and barriers to good travel health medicine.

Key Findings

- The majority of those completing the survey were registered nurses working in England, delivering direct care through the mechanism of patient consultations. A much smaller number of respondents worked in the private sector but they reported being more likely to use the document than those working in the NHS.
- Respondents using the document reported the risk assessment and the risk management elements as being the most useful, and the Knowledge Skills Framework (KSF) was identified as being the least useful.
- The same risk assessment and risk management elements were also rated as of highest quality.
- Proposed additions to the document included issues linked to visiting overseas friends and relatives (VFRs), migrant health issues, female genital mutilation, guidance on consultation times, clarity on charging for vaccines, and the availability of a printable risk assessment form.
- Highest rated future purpose was identified as using the document as a benchmark for minimum training requirements.
- Improvements to travel health medicine could be facilitated by emphasising benefits beyond vaccination and immunisation.
- Key barriers to travel health practice identified as the lack of mandatory training and the failure of general practice to take responsibility for travel health advice.

Conclusions

Overall the RCN publication seems well-received. There appears to be a continuing need for guidance in Travel Health for nurses and other practitioners delivering relevant services and this could potentially be addressed through a user-friendly resource containing information and decision-support tools like risk assessments. Once developed there seems also to be a need for raising awareness of such a resource and exploring ways that it can reach the intended audience in an efficient and effective manner.

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Perceptions and expectations of the RCN Travel Health Competencies Document

Background and Scope

In the framework of the RCN's forum activity that aims to ensure the currency and relevance of existing professional publications, the Research & Innovation (Evidence) Team was commissioned by the RCN Public Health Forum to undertake exploratory research and seek RCN members' and non-members' perceptions of the Travel Health Nursing Career and Competence Development: RCN Guidance document (RCN, 2012), herein described as the 'competencies document'.

Project Aims and Objectives

The aim of the project was to explore the current and potential usage of the competencies document (Chiodini et al., 2012) to inform any future decisions on updating the document.

The project objectives were to:

- Contribute to the identification of all relevant current and potential users of the competencies document
- Capture current and potential users' perceptions of the competencies document
- Organise these perceptions of the competencies document in a meaningful, conceptual framework
- Inform the thinking of the Public Health Forum Project Team in decisions about the further development and revision of the current competencies document.

The project explored the following research questions:

- To what extent do current and potential users have experience and understanding of the competencies document?
- To what extent do current and potential users report the impact of using the competencies on changing their practice?
- How do current and potential users rate the information provided in the competencies document in terms of its content, usefulness and associated challenges?
- Do current and potential users of the competencies document feel that any content about current travel health issues and concerns is missing from the document?
- Do current and potential users of the competencies document identify any opportunities and/or barriers in the future development of travel health competencies for healthcare professionals?

Method

A small number of face-to-face interviews with key stakeholders together with a follow-up survey to a wider set of users (current and potential) was identified by the Project Team as the optimum way to collect the information of interest. A number of decision points were taken in both the development of the interview guide and the survey questions to maximise the potential to collect good quality, useful data.

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Interviews

Prior to the survey an interview schedule was developed and this informed the development of appropriate survey questions (see Appendix 1). The questions were reviewed by two experts on the project group.

Survey

The survey questionnaire was developed in accordance with the following principles:

- Use of closed questions to ensure a common understanding of what is being asked, response rates and feasibility of analysis within the given time and resources
- Questions should be identified as they relate to the information required by the Project Group and as identified from the analysis of the qualitative interview data
- The number of questions should be limited to ensure ease of responding and response rates, but this should be balanced against the need for comprehensiveness
- Use of Smart Survey to facilitate the speed and accuracy of analysis
- Survey to take place over four weeks, and include a follow up email at the beginning of week two, and at the beginning of week three
- The survey should be accompanied by a covering letter that includes details of project, data governance issues and ethical principles.

Ethics

Whilst formal ethical approval was not needed for this work the project was underpinned by the following ethical principles:

- Formal consent including audio-recording of telephones interviews
- Assuring the confidentiality of all respondents
- Conformance to data protection
- Storage of data
- Securing agreement for the use of anonymised quotes in any reporting mechanisms
- Freedom to withdraw from the project at any point.

Sample

Survey respondents were identified from the following:

- RCN members providing travel health advice to people living in the UK travelling abroad, specifically targeting the RCN General Practice Nurse Forum, RCN Public Health Forum and delegates attending a number of travel health workshops
- RCN and non-RCN nurse members through the NATHNAC and TRAVAX networks
- General Practitioners providing travel health advice to people living in the UK travelling abroad
- Other healthcare practitioners or academics who are involved in providing travel health advice directly or indirectly to people living in the UK travelling abroad.

To ensure clarity, survey questions were asked about the organisation respondents worked for, whether they were responding personally, or on behalf of their organisation, the extent of their involvement in travel health advice and their familiarity with the competencies and other related guidance. The Project Team was systematic regarding the routes for distribution and publicising of the questionnaire, and to this end respondents were asked a question about how they came by the survey. A communication strategy was also established to extend the reach of the survey and increase the response rate.

Pilot Testing

To test the validity of the survey questions a small pilot survey was undertaken with seven participants (2 nurses, 2 GPs and 3 pharmacists), prior to building the survey instrument. Three respondents returned comments on the survey and some small changes were made to the questionnaire.

Data collection

Interview data collection

In-depth telephone interviews were undertaken with six users of the competencies document and these interviews lasted between 30-60 minutes. Interview participants were identified by the Project Team and all six were stakeholders whose opinions were instrumental in understanding the context of travel health nursing generally, and the usefulness of the travel competencies document in particular. Data from all six was captured by audio recording with the consent of the interviewees. All interview tapes were fully transcribed by LC and JR for data analysis.

Survey data collection

The survey was open for 4 weeks, from 7 Nov 2016 to 4 Dec 1016, and received 425 completed responses. The survey was delivered through the RCN's online web tool (Smart Survey) to enable speed and accuracy of analysis, and was distributed through bulk email to selected RCN members as well as being publicised on the NaTHNaC and TRAVAX websites and the RCN Public Health forum and social media channels. Targeting of the audience was successful, with all completed responses being valid and almost half (208, 49%) identifying themselves as users of the document. The body of the survey was made up of 15 questions across 4 sections, with an additional 6 demographic questions asked at the end. Questions were predominantly closed and used Likert scales to assess respondent's attitudes to various topics.

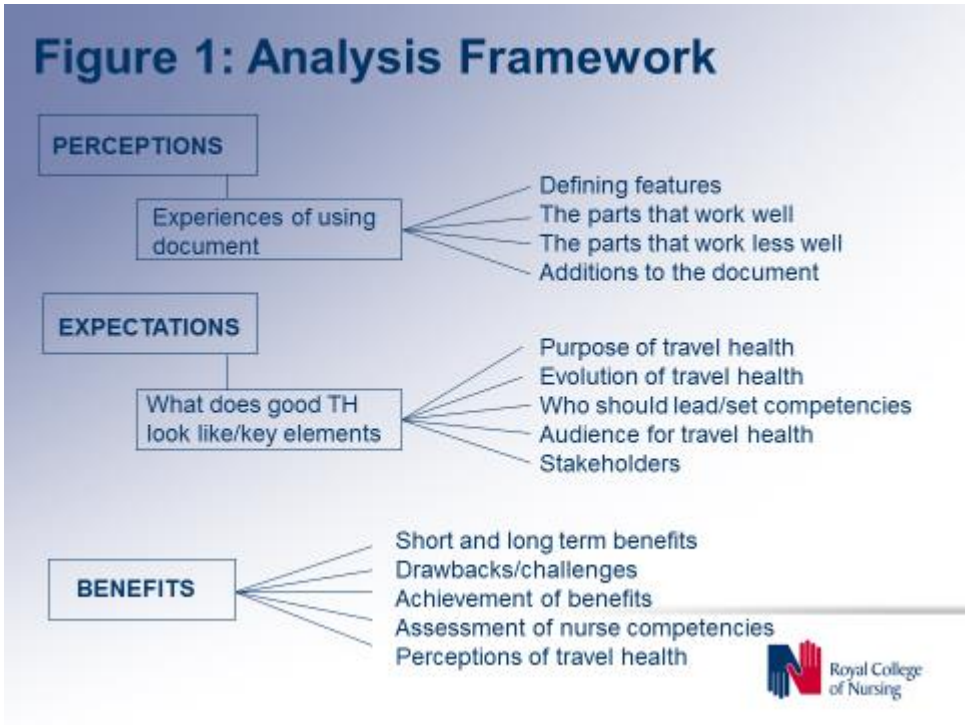
Data Analysis

Interview Data

The analytic framework for the qualitative data was underpinned by the themes identified in the interview schedule. These themes are: perceptions and experiences; expectations; and benefits (see figure 1).

Survey Data

The survey data was analysed in Excel, using elements from the same analysis framework. The survey findings are reported using cross-tabs, tables and charts.



Findings

Interviews

Introduction

This section describes the qualitative findings, and is structured according to the respondents' perceptions of using the document, its content, format and benefits. In addition, participants also expressed their perceptions of the wider context of travel health medicine, in particular; how it has evolved, its key benefits, how it might be evaluated, and any drawbacks to the delivery of good travel health advice.

Perceptions of the travel health competencies document

All those interviewed identified the key use of the competencies document as a tool for risk assessment. Following the guidance allowed the nurse to identify the risks associated with travelling and ensuring clients were aware of these risks, and knew what they needed to do in order to minimise these risks. Many also talked of how risk assessment and risk management needed to be tailored for each traveller, which depended on their destinations and their own individual health needs. A nurse working in a private clinic and a private GP surgery identified the importance of the risk assessment sections of the competencies document as

> *"…the advice given needs to cover the wide range of things identified in the RCN document including accidents, sun safety etc. It helps the nurse to identify individual risks during the consultation…this may include the management of vaccines, planning schedules, advice on malaria…engaging with the client in the consultation process, ensuring they've taken ownership means they are more likely to follow the advice given. It's not just a case of them getting vaccines before they go, but also engaging them in the process to make them think*

about all the potential risks while travelling, telling them where they can go to find out more about these risks, and about how they can manage these risks".

Most of the nurses interviewed delivered travel health training as a key part of their role and they spoke of how the competencies document was used as a professional development tool for themselves and those tasked with delivering face-to-face travel health advice on a daily basis. For one lead nurse working in a private travel clinical the document was identified as

"Extremely useful, core competencies especially. Helpful looking at how I could develop, set measurable goals, and negotiate salary banding".

A specialist travel health nurse working in a NHS GP practice felt that the document was a professional development tool for individual nurses because it enabled them to

"….look at the framework…see where they fit, because sometimes where they think they fit, isn't actually where they should fit….the framework highlights the areas where they need to develop".

A further use was identified in the way the competencies document was a key tool for setting standards for travel health advice, and in the way it identifies the different levels of competencies, from basic to advanced levels of travel health nursing practice. One specialist nurse working in a private clinic spoke about how the standards within the document helped her benchmark her own practice

> *"….if you're a specialist nurse you should know x, y and z. That is where I benchmarked myself to see if I was providing that service as a travel health nurse…and I also use it for the framework as well, so that those who are new to TH medicine can see the standards they should be practising at, and the more experienced nurses can also see…..if you're running a private clinic that it's not enough to just know the basics, you need to know more…"*

Nurses also identified the competencies document as a key tool in relation to negotiating the terms and conditions required for the delivery of travel health advice for practice managers, GPs and commissioners. One specialist travel health nurse who had recently left the NHS to move into private practice reported on how the competencies document could be used

> *"I think it's important that the practice nurses can go back to the GPs or the practice managers and say if you want us to run a safe travel medicine service then this is what we need to be aiming for. So it gives them an authoritative source that outlines what best practice is, what safe practice is, and I think, with that document, well it gives them, and it did for me, the confidence to say this is what we should be doing"*

However, it is also worth noting that concerns were expressed about how travel health advice was not valued, as well as a failure to recognise responsibility for its delivery. Some nurses suggested that some GPs erroneously believe they do not receive funding for the delivery of travel health advice, when in fact, they do.

Especially pertinent to the document as a negotiating tool however, was the way it could be exploited when negotiating minimum consultation times for a travel health appointment. However, consultation times was another area of concern expressed by nurses, who reported that often, nurses were not given enough time for travel health consultations. One of the nurses, who was now the owner of a private health clinic said

> *"…. I think the bit that gets their attention is how to do a risk assessment, and what's within a consultation, and the bit about the consultation time…..that you should have a minimum of 20 minutes consultation/appointment time….a lot of the practice nurses they want the document*

for that reason, so they can then go to their employer and say you know you're only giving me 10 minutes and it's not long enough…"

Format and potential changes to the competencies document

In relation to the question about whether they had any comments to make on changes or additions to the document, most felt it was about right. Where they did make suggestions for change, these included the provision of the printable risk assessment form, simply because doing so would make it easier for the nurse to print off the form and complete it during the consultation.

Additional comments identified the possibility of including specific information on female genital mutilation (FGM), and ways to ensure more focus on the document's use as an assessment tool through linking levels of competence to the nurse revalidation process.

When asked to identify the key audience or stakeholders for the document, most said nurses. However, some identified pharmacists as emerging providers given the growth of private travel health services. One nurse working in private travel health medicine suggested:

"Travel clinics, occupational health travel services, practice nurses doing travel clinics, the biggest growing number is pharmacists. They don't have the competencies document, we have to recommend they read it but they don't get it from their own professional body. Also some doctors who provide TH advice".

Perceptions of the wider context of travel health medicine

In responding to a question about awareness of travel health medicine a number of nurses reported a belief that awareness could be raised because they felt GPs, commissioners and members of the public did not understand the need for travel health advice. Respondents also reported a concern that for many, travel health medicine is only viewed as vaccination and immunisation. A NHS travel health nurse specialist commented:

"I think a lot of the patients don't really understand, and GPs are the same. You know I've had a GP say to me now, how on earth can you have an MSc in injections…they just don't get it. It really is not all about injections…that is a misconception".

Others suggested that travel health medicine would be valued more highly if it was recognised as a specialty in its own right, but to do that would require mandatory training.

There was a range of concerns expressed over the lack of any mandatory or regulatory training for those who deliver travel health advice in the NHS and across the private sector. One nurse, working in a private travel health clinic suggesting the following:

> *"….it has evolved…There has been an increase in private clinics…if you go back to ten years ago education in travel medicine was on the up and standards were getting better. I feel they've kind of gone back down and with the boom in more clinics opening I don't see any training going hand in hand with that. I feel that standards have actually fallen…..I think we're kind of going back a little bit in terms of standards…because anybody can open up a travel clinic without any kind of training…Because we're not a specialty then anyone can do it".*

There was also a belief expressed that the recent growth in private travel health services was a result of people seeing an opportunity to make money. However, there was also a sense that the growth of private travel health services was a consequence of the failure of NHS providers to provide a travel health service.

In terms of the growth in private travel health provision, nurses raised questions about where responsibility for travel medicine lay. While NHS practice is heavily regulated, private practice was felt to be less regulated. This was exacerbated by the different regulatory mechanisms in place across the four countries of the UK, which may affect any moves towards legislation in relation to the provision of minimum training requirements for those delivering travel health advice, wherever they practice. A nurse working in general practice commented:

> *"…*[people] *might simply just go private and think that private is much better because its private when you might get a better service from the NHS, because they'll be properly trained whereas the person you see in the private clinic, that you're paying money to, actually they're not any more specialist than say the receptionist. And there is no quality control, they are not graded or assessed."*

In terms of the benefits and the ways in which it might be evaluated, nurses made several observations. Benefits were closely associated with risk management and risk assessment of travellers. Short term benefits were identified as ensuring travellers receive information to prevent them getting ill while travelling, and what to do if they do. Nurses reported a fundamental requirement of travel health advice is to provide travellers with appropriate advice, and this can be given when they come in for an injection. In this way, travellers who come for an injection not really recognising their need for additional information, leave the consultation better informed and more aware of the risks attached to travelling. As one nurse said:

"A benefit of TH advice is that the client's knowledge-base is increased".

However, nurses also identified dangers attached to the delivery of less than optimal travel health advice. A lead nurse in a private clinic commented

"When travel health is practised badly it can lead to misinformation about risks and people can be falsely reassured".

The major drawbacks of providing travel health services were identified as cost and time, and a sense that some nurses tasked with delivering travel health advice felt anxious about their lack of training, thus reinforcing the need for mandatory training.

Delivering travel health advice can be time-consuming and labour intensive, and this was identified as a big drawback in primary care settings where consultation times are restricted. Some nurses felt that this was less of a problem in private practice, as clients were paying for consultation time. One nurse working in the NHS said

"…you try and get [20 minutes consultation time] *in an average general practice surgery where there are four people in the waiting room, or ten people to be seen after that, well that's not going to happen… you don't have the time to do it and a lot of nurses will consult in very short spaces of time and you know you have to say that's not a great consultation if it's been done in 15 minutes when it should have been half an hour…the competences say 20 minutes but a lot of nurses won't get that…or it can be quite time consuming and it can be labour intensive".*

In terms of evaluating travel health medicine services more generally, nurses found this a difficult question to answer. The most they felt they were able to say was that the value of good travel health medicine practice can be recognised in the reduction of the numbers of travellers returning to the UK with diseases, especially in relation to diseases like malaria, or yellow fever, since these are reportable events.

Survey

Introduction

The survey findings are provided below, beginning with the respondent profile information gathered from questions assessing the involvement of respondents working in travel health medicine and reported demographic questions. Responses from users of the document are then presented, followed by reported responses from non-users. The final section reports the responses from all groups on wider future developments in Travel Health medicine.

Respondent profile

Out of the 425 completed responses, the majority (93%) indicated their primary role was *registered nurse*. A clear majority of these (88%) indicated their main activity was *direct care delivery*. A further 76% of respondents indicated the type of service they worked in was *GP surgery.* However, there was also a significant group (14%) who reporting work in a *private health clinic*. The majority of respondents (78%) reported working in *England*. In terms of main involvement in travel health medicine in the last five years, the majority (78%) indicated it was to "*deliver travel health advice directly to service users through consultations"*. The highest level of training indicated was most commonly *half or full day travel health update study day* (37%) and *specific two-day training course for travel health* (36%). Only a small number of respondents (2%) reported *no training.* When asked about overall knowledge of travel health medicine, the largest responses were *good knowledge* (44%) and *moderate/adequate knowledge* (35%). Although respondents working in private travel clinics only

made up 14% of the overall response, they were more likely to report using the document (72%) compared to 49% of all respondents.

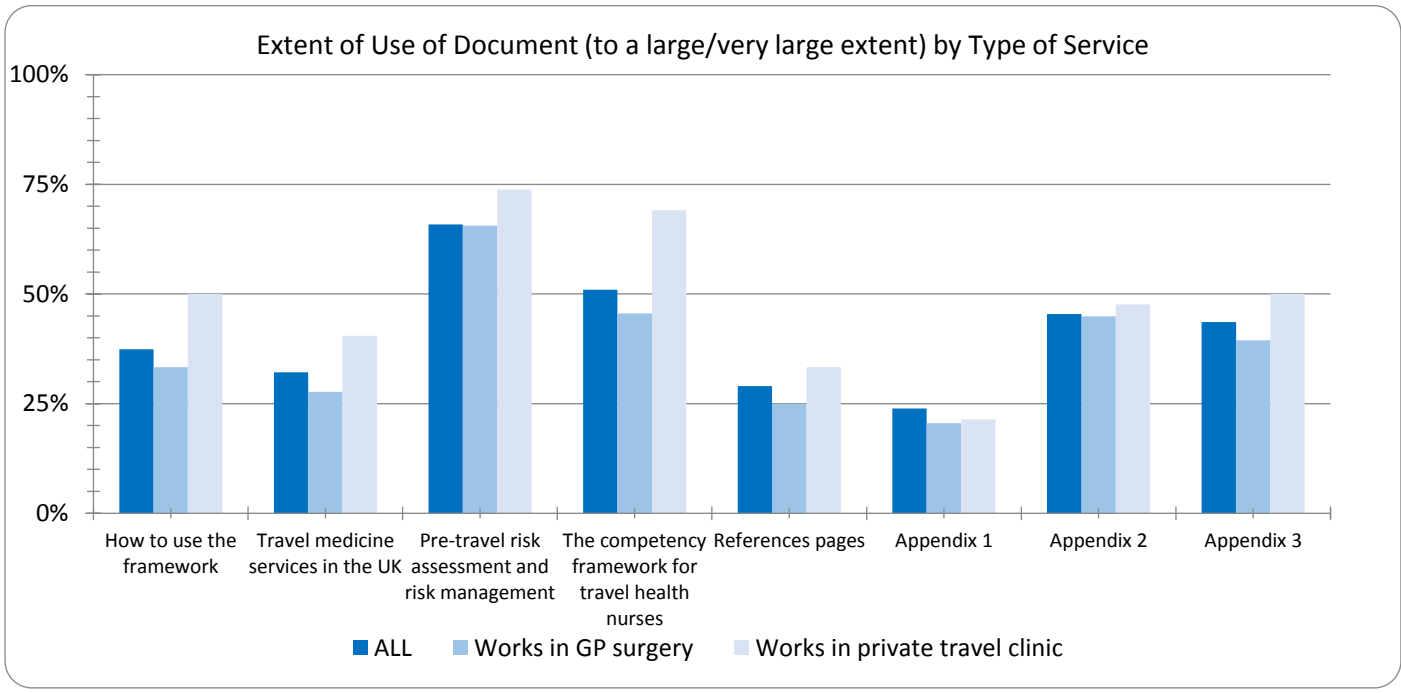
User questions

(Base = 208; working in GP surgery =143; working in private health clinic =42)

User Q1: Extent of use of document

For those who indicated they used the document, the most commonly used section was *pre-travel risk assessment and risk management* (66% to a large or very large extent). The least used section was the *Knowledge Skills Framework (KSF) dimensions compared to the RCN Core Competencies* (24% to a large or very large extent). Those working in private travel clinics reported higher usage than overall for most sections, with their highest response above the overall figure seen for *the competency framework for travel health nurses* (18% higher).

Chart 1)



User Q2: Quality of document

The section rated highest for quality was *pre-travel risk assessment and risk management* (86% good or excellent), with all sections scoring at least 73% good or excellent. Those working in private travel clinics rated most sections higher than the overall response, with their highest response above the overall figure seen for *travel medicine services in the UK* (8% higher).

User Q3: How the document was used

The most common purpose the document was used for was *for my own personal development* (58% to a large or very large extent). The least common purpose was *to inform the practice of travel health services abroad* (21% to a large or very large extent). For those working in private travel clinics, *to use as a benchmark for minimum training requirements* saw their highest response above the overall (9% higher), while *to seek clarity on Patient Group Directions or Patient Specific Directions* saw their lowest response below the overall (10% lower).

Chart 2

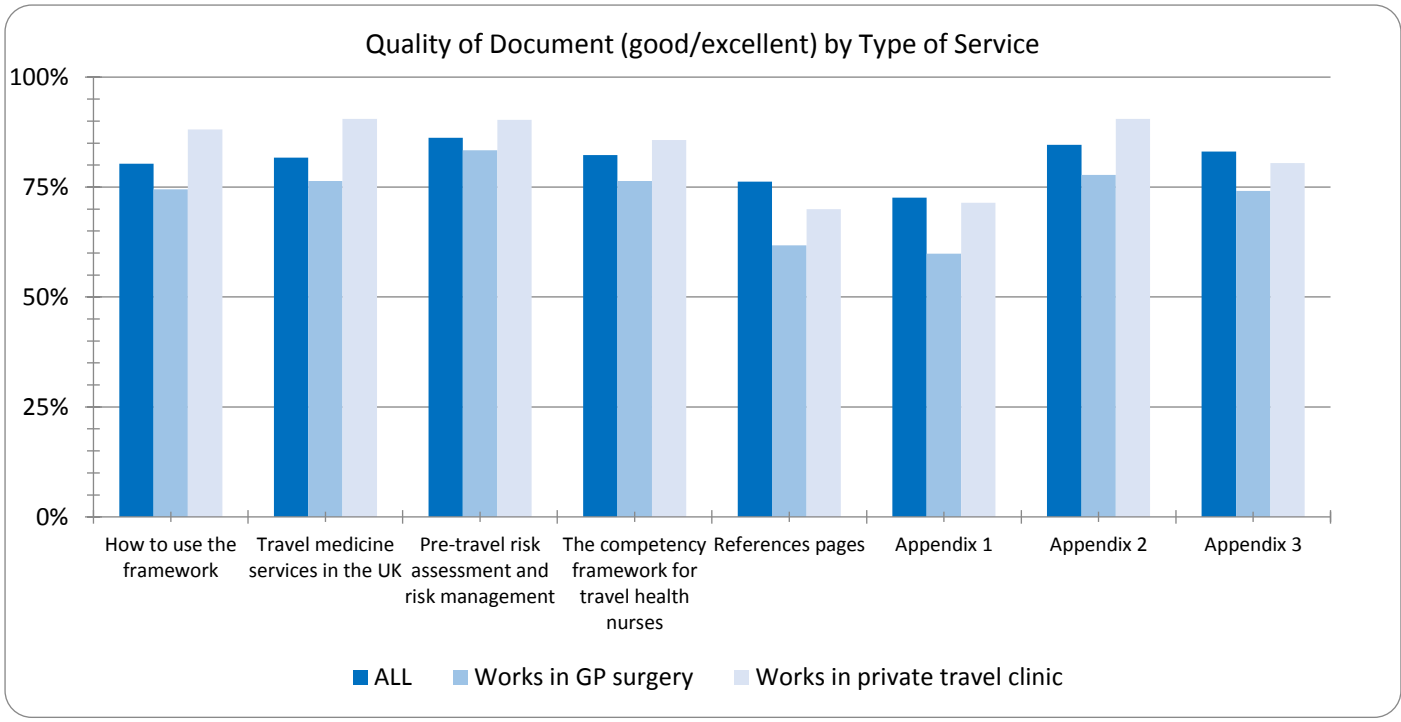
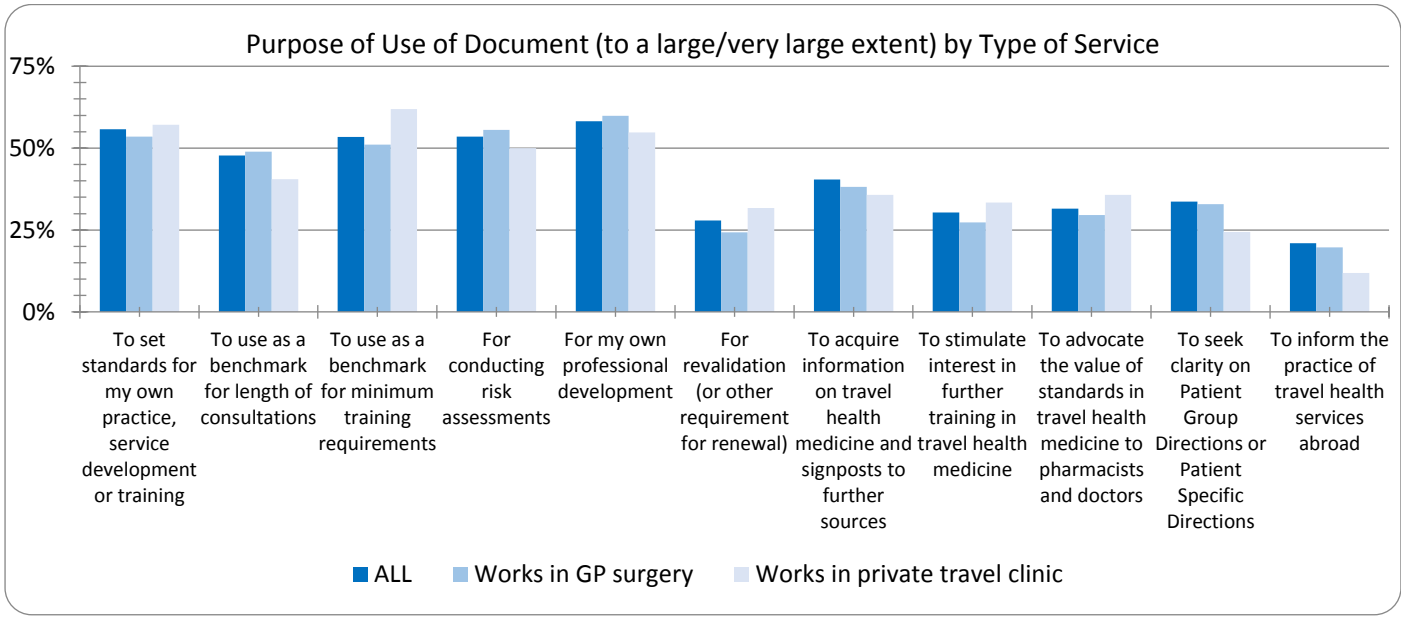


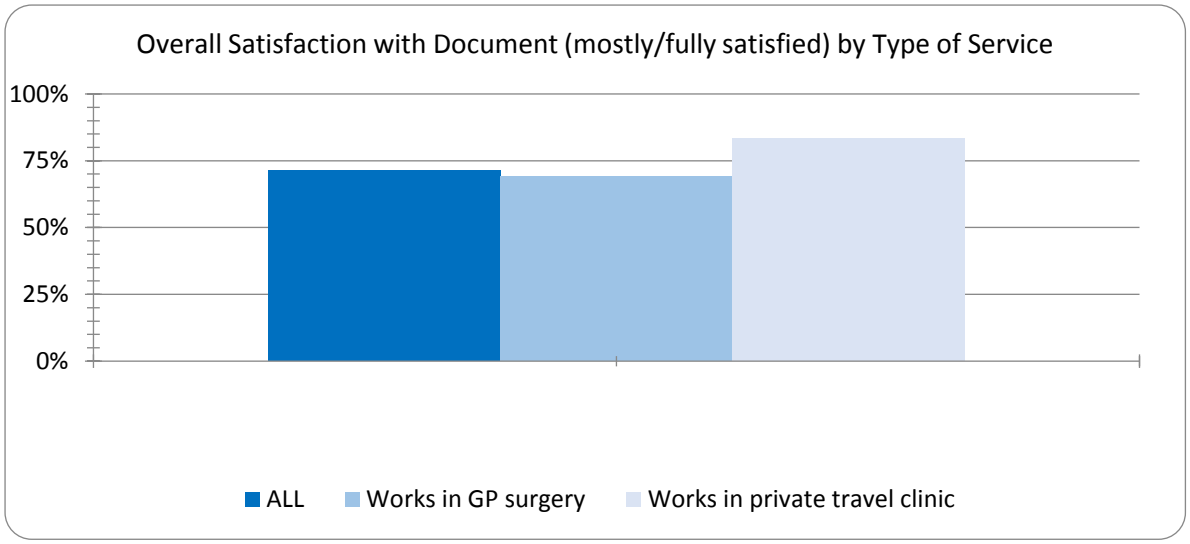
Chart 3)



User Q4: Overall satisfaction with document

When asked to rate their overall satisfaction with the document, 71% indicated they were mostly or fully satisfied (71%), with those working in private travel clinics giving a higher response (83%).

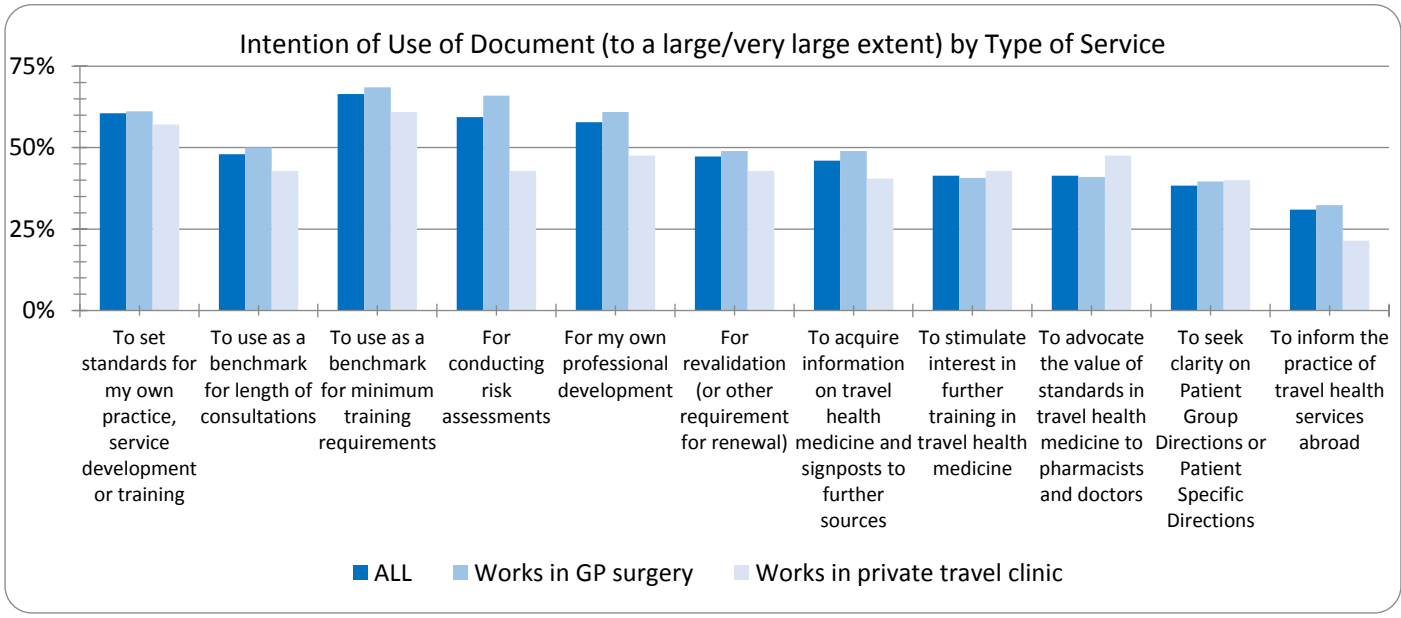
Chart 4



User Q5: Intention for future use of document

The most common intention for future use of the document was *to use as a benchmark for minimum training requirements* (67%), while the least common was *to inform the practice of travel health services abroad* (31%), indicating little difference between current use and future use. Those working in private travel clinics tended to give a lower response than overall, with *for conducting risk assessments* giving the lowest below the overall (13% lower). However, they did report a higher response than overall for *to advocate the value of standards in travel health medicine to pharmacists and doctors* (7% higher)

Chart 5



When comparing the intended future of uses of the document to the current purpose of use, most show an increase, indicating ongoing opportunity and market for the areas covered. The highest rated future purpose *to* use as benchmark for training minimum requirements suggests this key element will remain important for some time to come. The emergence of for revalidation (or other requirement for renewal) could inform specific developments in an updated version, and could also provide direction for the communication and dissemination strategy of any new release.

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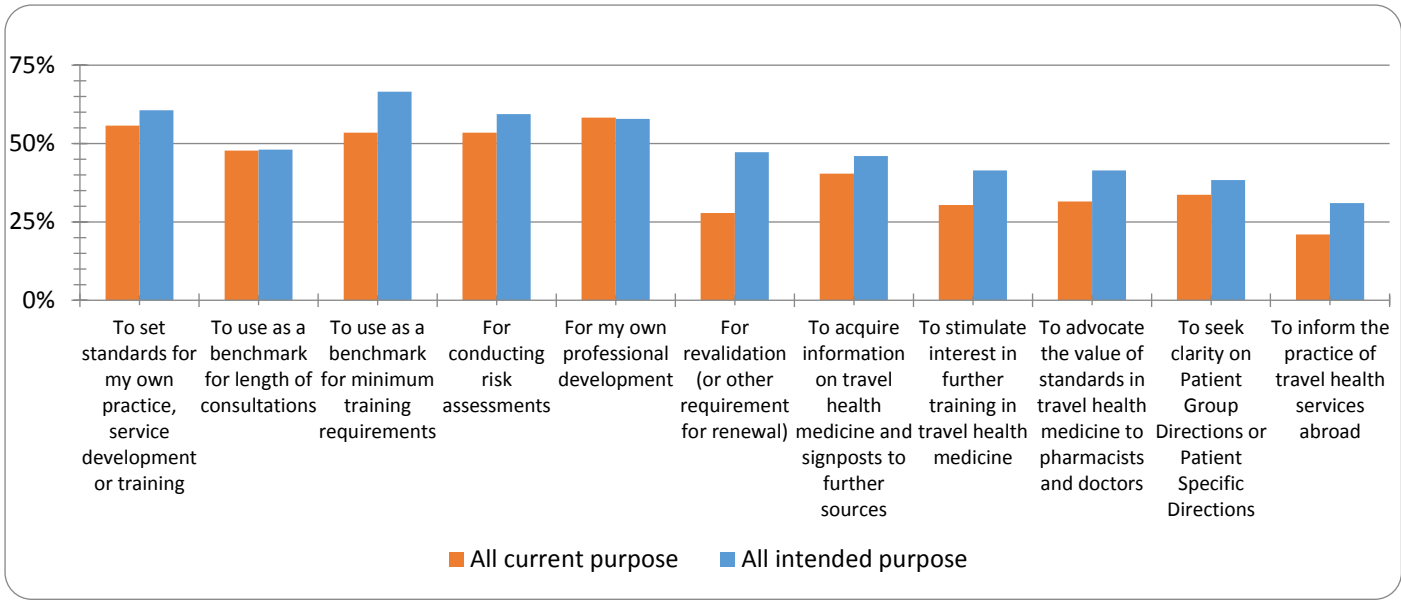
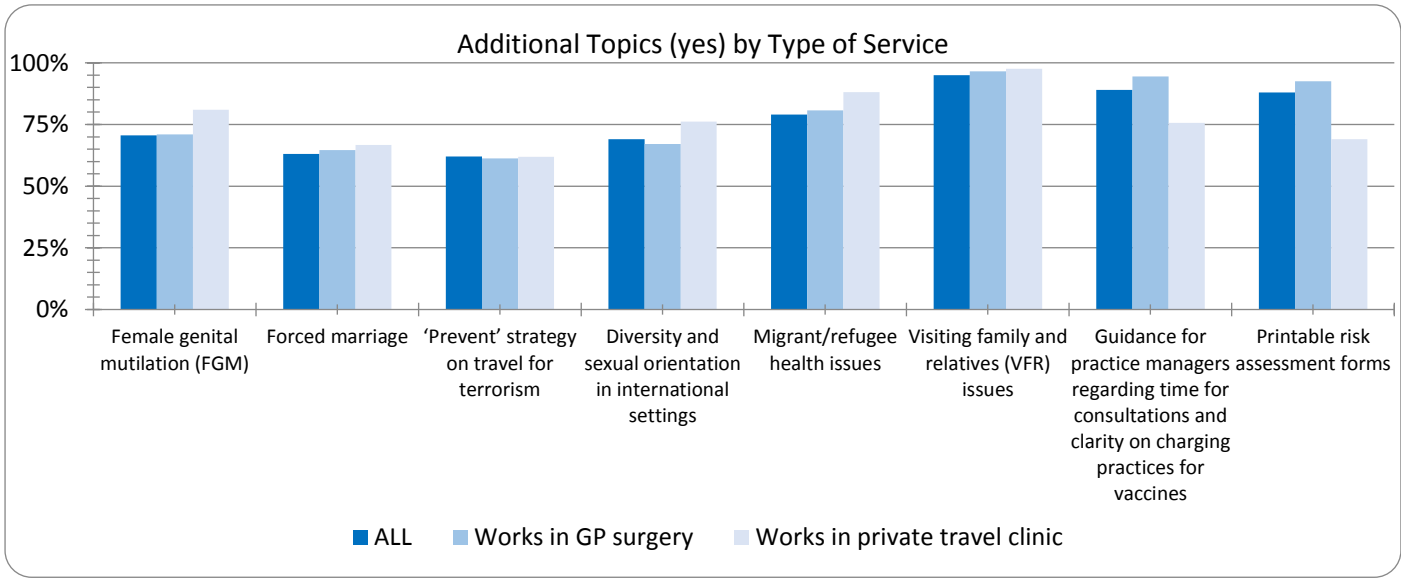
Chart 6



User Q7: Additional topics to be included in document

The most strongly supported additional topics were *visiting friends and relatives (VFR) issues* (95%) and *migrant/refugee health issues* (79%). For those working in private health clinics, the response for *female genital mutilation* was 10% higher than the overall response. *Guidance for practice managers regarding time for consultations and clarity on charging practices for vaccines* (89%) and *printable forms* (88%) also came out strongly overall as functional items, although less so for those working in private travel clinics.

Chart 7



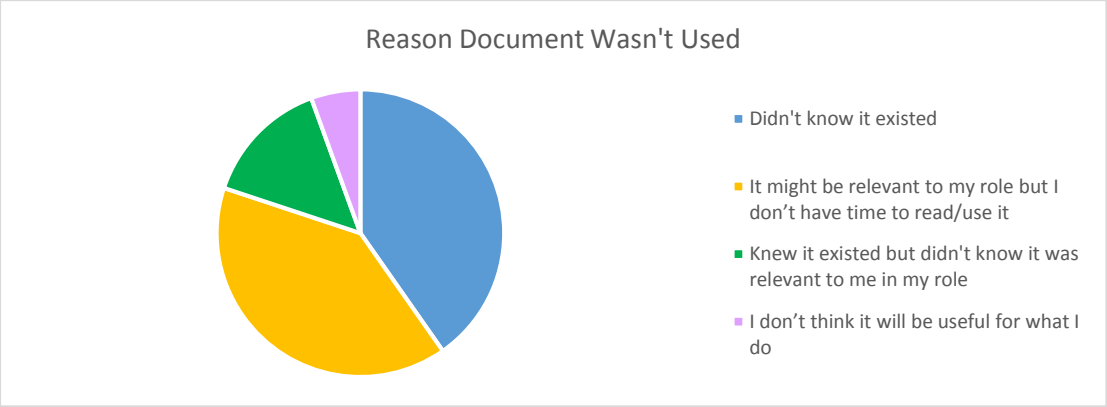
Non-user questions

(Base = 217)

Non-user Q1 Reason document wasn't used

The most common reasons reported by those who had not used the document were "*didn't know it existed* (40%) and "*it might be relevant to my role but I don't have time to read/use it"* (40%).Totals for Types of Service other than 'Works in GP surgery' were too low to consider individually, so only overall figures are presented for the non-user questions.

Chart 8



Non-user Q2: Have you heard of/used the RCN travel health risk assessment elements of the document

Non-users were asked if they had heard of or used the RCN travel health risk assessment tool and RCN travel health risk management information, and the majority reported they had not heard of either.

Chart 9)

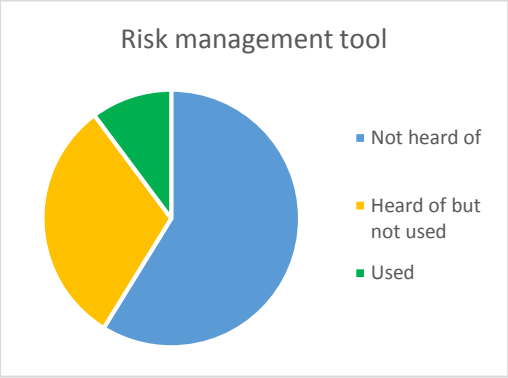
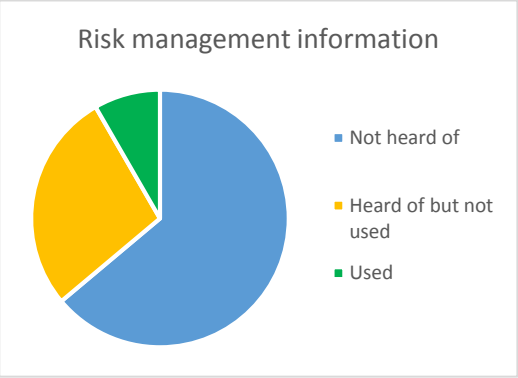


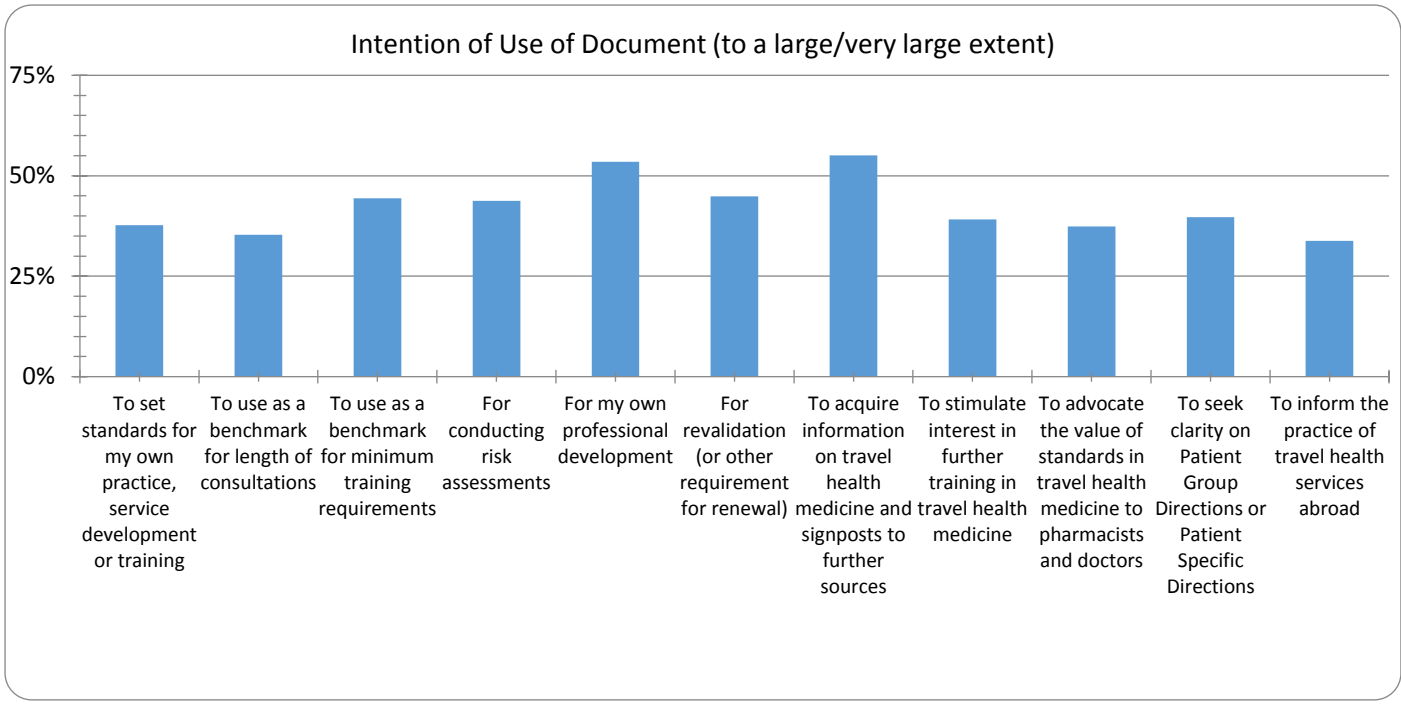
Chart 10)



Non-user Q3 Intention for future use of document

The most common intention for future use of the document by non-users was *to acquire information on travel health medicine and signposts to further sources* (55%), while the least common intention was *to inform the practice of travel health services abroad* (34%). This is no different from what was reported by current users of the document.

Chart 11



Wider questions on travel health in the future

(Base = 425; Working in GP surgery = 325; Working in private travel clinic = 58)

User + non-user Q1: Improvements to the way travel health medicine is practised in the future

All respondents were asked about improvements to the way travel health could be practised in the future, with *greater efforts to emphasise the benefits of travel health medicine beyond vaccines and immunisations* rated highest overall (95%) and *mandatory regulation* rated lowest (69%). For those working in private travel clinics *mandatory regulation* received the highest response above the overall response (14% higher).

User + non-user Q2: Barriers to good travel health medicine being practised in the future

When asked about barriers to good travel health medicine being practised in the future, *health care professionals providing a travel health service with no training prior to advising travellers* rated highest overall (90%), while *general practices don't see travel health as their responsibility* rated lowest overall (48%). For those working in private travel clinics *general practices don't see travel health as their responsibility* was seen as a more significant issue, with this response being 21% higher than the overall response.

Chart 12

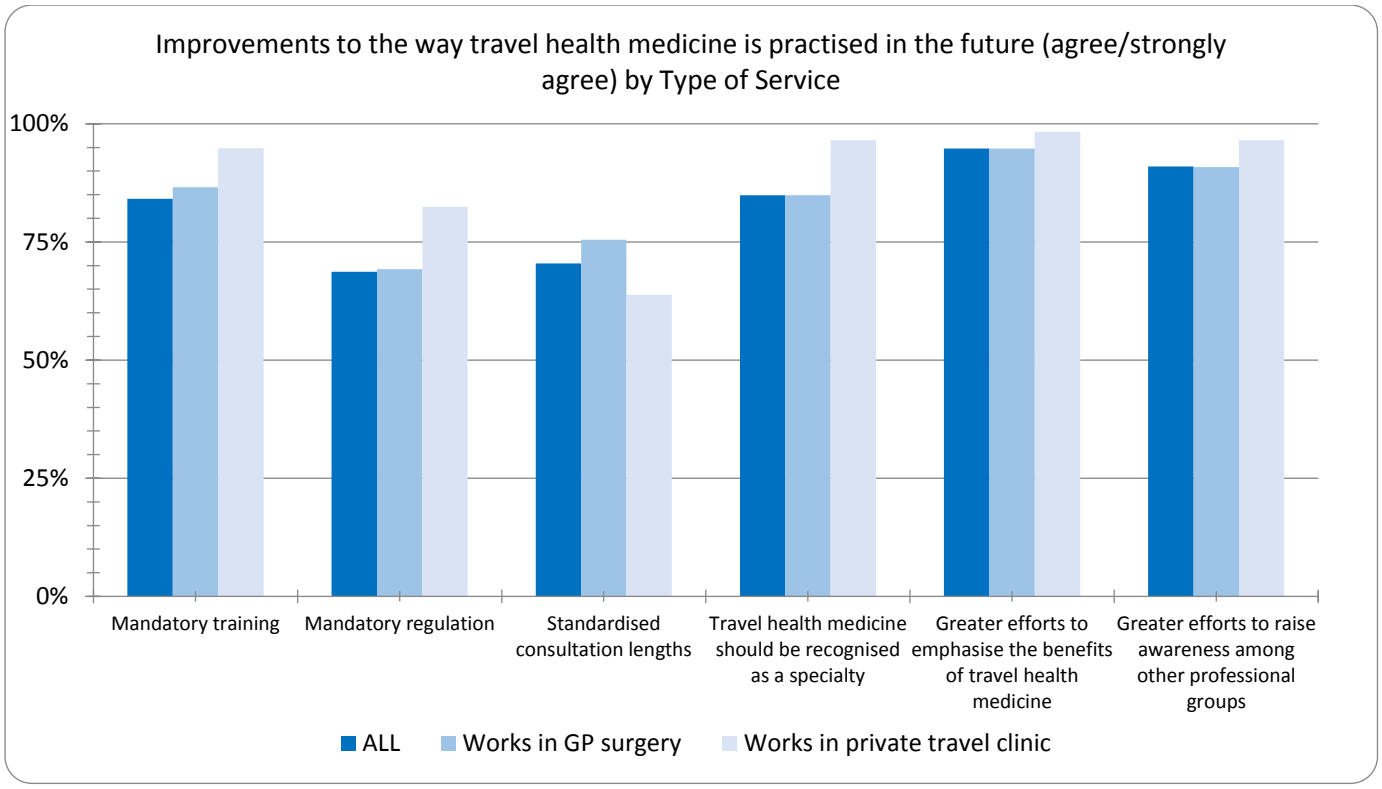
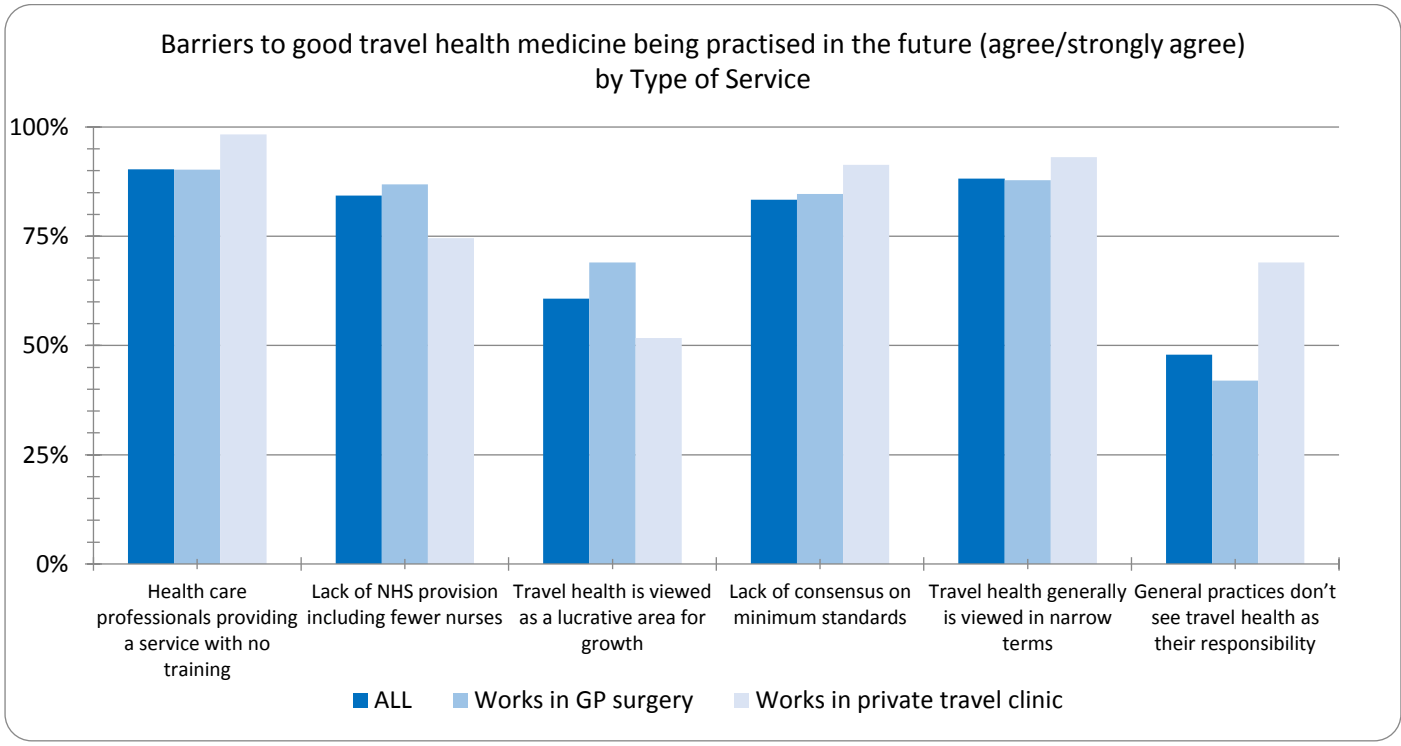


Chart 13



Limitations

The six nurses interviewed were identified by the project group and were nurses working in the arena of travel health. All interviewees were very passionate in their responses about travel health and the benefits of the RCN competencies document in particular. A note of caution was necessary in relation to the potentially selective nature of the nurse experts interviewed when developing the survey instrument. To mitigate this at the second stage of data collection the survey tool allowed the reporting of the full range of positive and negative perceptions and expectations in terms of the competencies document and the wider context of travel health medicine. In addition the tool allowed the distinction between experienced users and non-experienced opinion holders, along with affiliations, thus permitting more granular analysis and containment of bias to some degree.

The survey target population and suitable channels through which they could access the survey were identified in as much detail as possible. Because the sample was identified opportunistically rather than through the use of random sampling procedures findings may be subject to selection biases. For example, voluntary surveys tend to elicit a higher proportion of responses from people with strong opinions on the topic (positive or negative). Using multiple response options and multi-item questions, collecting information on respondents' experience of the document, areas of practice and broad demographics can mitigate some of the risks of bias.

Discussion

The purpose of this project was to explore the current and future use of the RCN competencies document with a view to inform the thinking of the Public Health Forum Project team in decisions about any future development or revision of the current document. The findings from both the qualitative and quantitative data have been reported using the analysis framework described above.

Respondent profile

The majority of those completing the survey were registered nurses working in England, delivering direct care through the mechanism of patient consultations. The survey dissemination strategy aimed to cast as wide a net as possible and ensure that it targeted the relevant respondent population. As such it elicited responses mostly, but not solely, from frontline practitioners, which is in concordance with the target audience of the existing publication and the profile of travel health practice deliverers based on anecdotal evidence. The dominance of the English regions in the responses may be something that future development of a resource may wish to explore further. Over a third of respondents reported having a good or adequate knowledge of travel health medicine and three quarters had some specialist training ranging from half a day to a two-day course. Although a much smaller number of respondents worked in the private sector, they reported being more likely to use the document than those working in the NHS.

Perceived usefulness and overall quality of the competencies document

Respondents using the document reported the risk assessment and the risk management elements as being the most useful. The least useful element was identified as the Knowledge and Skills Framework (KSF) section of the document, even though most of the respondents worked in NHS England. Respondents working in the private sector reported a higher level of usage of most sections, than did nurses working in the NHS.

The highest rated quality was reported against the risk assessment and risk management elements, and again nurses working in the private sector rated all sections higher than nurses working in the NHS. It may be that private sector practitioners have enhanced knowledge needs as they are likely to operate independently, while as a specialist service, the quality and viability of their service may

depend more on their level of performance. These findings indicate that any future development of the current document should maintain these elements, whilst also taking into consideration whether or not the KSF element is needed. In addition, further consideration could also be taken about the provision of a printable version of the risk assessment tool to be made available in any future revision.

Additions to the document

A large number of respondents identified potential additions to the document around issues linked to visiting friends and relatives overseas, migrant health issues, female genital mutilation, guidance on consultation times, clarity on charging for vaccines, and the availability of a printable risk assessment form. Content on female genital mutilation was rated more highly by those working in the private sector.

Comparisons between future and current use of the document

In terms of thinking of how improvements to travel health could be facilitated almost all respondents identified a need to emphasise its benefits beyond those of vaccination and immunisation. While mandatory regulation was not rated as highly overall, over two thirds of respondents did identify this as a requirement for improvement, with a greater number of those working in the private sector rating this higher than a need to emphasise the benefits.

Barriers to good travel health medicine

One of the key barriers was identified as a requirement for mandatory training for those who are tasked with delivering travel health advice. A further barrier was reported as the failure of general practice to take responsibility for travel health advice. However, this latter barrier was identified as more important by those working in the private sector. Any discussion regarding the revision of the document may need to consider the issue of mandatory training and provide greater clarity on where the responsibility for the delivery of travel health advice lies.

Taken together, training appears to be a major area of focus for the respondents, identified as a barrier and facilitator to the effective practice of travel health medicine, as well as the reason for which they would use the travel health resource in the future. While the majority of the respondents had had training themselves, their particular concern was training from a practice quality standard perspective, focusing on minimum and mandated training requirements. This element along with the use of the travel health resource for risk assessment purposes may offer useful pointers to guide the future review of the RCN document.

Awareness of the competency document

Among those respondents who reported not using the document the reason given was not being aware of it. Should a decision be taken to revise the current document further consideration may also need to be given in terms of how improvements can be made in raising awareness of the document as a resource for those delivering travel health advice.

References

Chiodini J, Boyne L, Stillwell A, Grieve S (2012) Travel health nursing: career and competence development. RCN guidance. RCN. London.