




Royal College of  
General Practitioners

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# COVID-19 vaccination in England: Ten top tips for getting the workforce you need

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*The COVID-19 vaccination programme provides a clear path out of the pandemic which has dominated our lives for the last year.*

*Over ten million people in the UK have already received the first dose of a vaccine, but as supplies continue to grow in the coming weeks and months general practice must be ready to vaccinate as many people as possible as quickly as possible. This programme will need to be delivered alongside the day-to-day care which GPs and their teams rightly take pride in. To meet these twin challenges without widespread burnout, practices will need to be able to make use of a wide range of core and additional staff. This document provides top tips to support the recruitment and deployment of additional staffing by practices and PCN Groupings in England and should be read alongside national guidance. Processes in different nations will vary.*


## **1. Plan ahead and start early**

We expect the vaccine programme to continue to expand as more supplies of vaccine become available. Practices and PCN groupings are already preparing for this and should secure additional workforce where this is likely to be required. Securing staff can be complex, and while forward planning may be a challenge given the short timescales for vaccine delivery, any steps which can be taken in advance will ease this process. It may be appropriate to deprioritise some work depending on local conditions, however delivery of the COVID-19 vaccine programme should not preclude ongoing provision of high-quality care to patients. RCGP guidance on workload prioritisation can be found [here](#). NHS England guidance on freeing up practices to support COVID-19 vaccination (including information on income protection) can be found [here](#).

## **2. Local recruitment**

There are a range of different local options open to practices when it comes to finding more staff:

- Existing staff – existing staff may wish to contribute to the vaccination programme, including within existing contracts or in additional hours. However, this should not undermine day-to-day care provision, and staff wellbeing should be protected. GP Trainees should not be redeployed from educational activities, although they may wish to provide extra sessions above and beyond core hours.
- ARRS staff – the Additional Roles Reimbursement Scheme (ARRS) funds additional staff through the PCN DES. Where funding has not already been utilised, we encourage PCNs to employ to ARRS roles. Additional funding has now been confirmed for 2021/22. [More information](#).
- Additional locums or sessional staff – additional GPs and other staff may be contracted locally to support vaccine delivery, in line with normal processes.

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- GP returners – NHS England is providing contact details of local PCNs directly to GP returners who wish to support the vaccination programme. We encourage you to make the most of these experienced staff. Specific terms of employment should be individually agreed. GP returners delivering the COVID-19 vaccination programme only in England do not need to be on the Medical Performers List.

### 3. National recruitment

NHS England has developed national supply routes for a range of additional clinical and non-clinical staff roles (both paid and voluntary) which can be accessed by PCN groupings. PCN groupings should contact their ICS lead provider to request staff, who will be assigned and (if necessary) trained by the lead provider, before being directed to the PCN grouping for onboarding.

All PCNs will need a Memorandum of Understanding (MoU) with the lead provider. A draft MoU can be found [here](#), and details of the National Workforce Supply Routes [here](#). Contact details for lead providers have been shared with PCNs directly. Where there are difficulties engaging with the ICS lead provider, these should be escalated to the regional lead, or failing that, by email to the [NHS England central team](#).

### 4. Funding staff


While the vaccination programme will provide some income for practices, practices will need to fund the majority of additional staff, so resourcing the vaccination programme may be a challenge.


Practices are reminded of the £150 million [capacity funding](#) released by NHS England, which can appropriately be drawn down to expand staff capacity.

Some additional funding has been released to cover costs such as venue hire or clinical waste disposal for COVID-19 vaccinations. More information can be found [here](#).

### 5. Identify the appropriate delivery model

COVID-19 vaccinations can be delivered in a number of ways, depending on the staff involved:

- Individual administration (or patient specific direction) by qualified independent prescribers (such as doctors, pharmacists, or some nurse practitioners). This may be appropriate for smaller scale vaccination operations.
  - Patient Group Directions for use by registered healthcare professionals without prescribing rights.
  - National Protocols for use by a combination of registered healthcare professionals and unregistered vaccinators. The national protocols break down the vaccination process into separate steps, only some of which require a registered healthcare professional.
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In practice it may be that some staff are operating as prescribers, with others operating under a PGD. It is important that the medico-legal basis for vaccination is clear in every case, and individuals must sign the national protocol or PGD where appropriate. Details of the various legal mechanisms, including the national protocols and PGDs can be found [here](#).

## **6. Onboarding staff – pre-employment checks**

Once appropriate staff have been identified the onboarding process can begin. Despite the pressures of the pandemic, it is important to ensure that appropriate pre-employment checks are still carried out to ensure staff and volunteers are “fit and proper” in line with [CQC regulations](#). It is the responsibility of the practice or PCN to ensure that adequate checking is completed.

The NHS Employment Check Standards provide a useful framework of good practice for pre-employment checks. The Standards cover:

- Identity checking
- Right to work checks
- Professional registration and qualifications
- Employment history and references
- Criminal record checks
- Work health assessment

NHS Employers guidance on temporary pre-employment checks can be found [here](#). Employers will need to assess whether a DBS check may be needed based on the responsibilities of the role and level of contact with patients. Individuals delivering regulated services will need an enhanced DBS check, while individuals meeting patients face-to-face may appropriately undergo a standard DBS check. Detailed guidance is available via NHS Employers [here](#).

Where an individual has an existing DBS at the right level, it may be appropriate to use this if issued within the last three years, or if the individual is registered with the update service. Nationally deployed individuals may have existing DBS clearances, but this should be confirmed.

For staff appointed to deliver pandemic related clinical services a fast-track DBS service is available. [More information](#).

## **7. Indemnity should not be a barrier**

Additional indemnity provision will not normally be required for delivery of the vaccination programme in general practice. Most staff and volunteers providing clinical support will be indemnified through the Clinical Negligence Scheme for General Practice, practices’ third-party insurance (for locally recruited non-clinical volunteers) or national arrangements (for some nationally provided staff).

More information [here](#) and [here](#).



## 8. Put a contract in place

The RCGP recommends that a contract be agreed with all locally recruited staff and volunteers. This will provide a shared understanding of roles and responsibilities, and may also be important in the event of medico-legal issues. Staff deployed via the National Workforce Supply Route will have completed an honorary contract or volunteer agreement, such that the MoU between the PCN grouping and ICS lead employer will be sufficient. For additional advice, [contact the BMA](#).

All staff should also be identifiable to patients, for example by wearing badges clearly stating names and roles.

## 9. Vaccinate staff and volunteers

The JCVI prioritisation for COVID-19 vaccination is clear that front-line health and social care workers should be included in priority cohort two for vaccination. This includes those working in the COVID-19 vaccination programme, students, trainees, and volunteers who are working with patients, as well as non-clinical ancillary staff who may have social contact with patients. As part of onboarding processes, you should ensure that any staff have been appropriately vaccinated.

More information [here](#) and [here](#).

## 10. Ensure staff have appropriate training

Nationally supplied staff should already have undertaken this training, but locally recruited staff will need to complete appropriate training.

Training requirements for the vaccination programme will vary depending on individual roles. Guidance on immunisation training can be found [here](#). Core training on immunisation is available [here](#) and on COVID-19 vaccination specifically [here](#).

The Secretary of State for Health and Social Care has [confirmed](#) that it is appropriate for staff who are delivering only the vaccination programme not to complete certain mandatory and statutory training modules as follows:

- Conflict resolution
- Moving and handling
- Equality & Diversity - on induction
- Fire safety
- Preventing radicalisation
- Safeguarding children – level 1