

Response to call for evidence on COVID-status certification review

The General Medical Council regulates individual doctors in the United Kingdom. As part of our role we provide [guidance](#) on the professional standards expected of all doctors. Our guidance applies to doctors at every stage of training and in every specialty and is therefore high level in order to be widely applicable. We expect doctors to follow our guidance. Serious or persistent failure to uphold the standards set in our guidance by a doctor may call into question their fitness to practise.

It is important that doctors carrying out vaccinations and supporting the administration of any COVID-status certification system follow our guidance on professional standards, any other relevant guidance, and the law.

This call for evidence is broad in nature and the exact shape of any COVID-status certification system is yet to be determined. The weight of different risks and opportunities posed by such a system would be determined by the context in which they were to be used, the options available to people unable or choose not to be vaccinated and the nature of the services, facilities or opportunities to which certification might grant access. We are aware that vaccine take up rates vary with, for example, ethnicity and socioeconomic status and it's important that the design of any system avoids reinforcing existing inequalities.

Our guidance

Decision making and consent

The approach set out in our guidance on [decision making and consent](#) places importance on patients making informed decisions, weighing up the potential benefits and burdens of options their doctor has discussed with them. It is important that doctors find out what matters to the patient about their health, and that they explore their patient's needs, values and priorities that influence their decision making.

We recognise that many factors influence patients' decision making and it is understandable that patients may be influenced by the extent to which they will be able to access services or facilities when faced with the decision of whether to take up the offer of a covid-19 vaccine.

However, we also recognise that patients may be put under pressure by employers, insurers, or by their own beliefs about themselves and society's expectations of them to accept a particular investigation or treatment (see paragraph 70). For example, patients may feel pressure from employers, and we have already seen examples of employers stating that vaccination will be a condition for future employment.

Doctors need to be aware of the possibility of patients being under this pressure. It's important that nothing influences a patient to such an extent that they can't exercise free will. The extent to which a patient may be able to make a decision freely may be affected by the design of any certification system, including the range of services, facilities or opportunities to which it grants access and the accessibility of options available to those who are not vaccinated.

The call for evidence makes reference to testing data as well as vaccination being used for certification purposes. It's not clear to us what sort of testing data this might involve. But making sure that there is a genuinely available option for those who cannot be or who choose not to be vaccinated would be an important way of mitigating any potential impact on patients' ability to make free decisions.

Confidentiality

We would expect doctors to follow the provisions in our guidance on [confidentiality](#) in deciding whether to disclose about their patient's vaccine or testing status to a COVID-status certification system. Trust is an essential part of the doctor-patient relationship and confidentiality is central to this. Patients may avoid accessing healthcare services if they think their personal information will be disclosed by doctors without consent, or without the chance to have some control over the timing or amount of information shared (See paragraph 1).

In disclosing information about a patient's vaccine or testing status to a COVID-status certification system doctors must ensure they have a valid basis for doing so. Doctors can disclose personal information without breaching duties of confidentiality when, the patient consents,, the disclosure is of overall benefit to a patient lacking capacity, the disclosure is required by law or it can be justified in the public interest (See paragraph 9).

Importantly doctors must be satisfied the patient has ready access to information explaining how their personal information will be used for their own care, and that they have the right to object and haven't done so, get their explicit consent if identifiable information is to be disclosed for purposes other than their own care (unless required by law or it can be justified in the public interest), and follow relevant legal requirements, including the common law and data protection law (see paragraph 10).