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Acting Chair
Professor Dame Carrie MacEwen

Chief Executive and Registrar
Charlie Massey

Dear Mr Haslam and Ms Fox,

Consultation on making vaccination against COVID-19 and influenza a condition of deployment in the health and wider social care sector

Thank you for the opportunity to respond to this consultation. As a patient safety organisation, we recognise the importance of reducing the transmission of covid and influenza to a level that will protect services, patients, and staff and support efforts to promote vaccination uptake amongst eligible groups.

Our guidance, [Good medical practice](#), is clear that doctors should be immunised against common serious communicable diseases unless this is contraindicated. While we do not set an absolute duty to be vaccinated against any particular disease, we recognise the potential risk of inadvertently spreading coronavirus to vulnerable patients and so advise doctors that this weighs in favour of being vaccinated unless there are good reasons not to be. Of course, this also reduces a doctor's own chances of becoming seriously ill with the virus and reduces the impact of self-isolation on the workforce.

We also recognise that vaccination is part of a package of measures that can help to reduce the spread of infectious diseases. Doctors need to be confident there are measures in place to manage any risk of transmission to patients, and work with their employers to reduce risks and prioritise patient safety, for example through regular testing, appropriate hygiene and protective equipment.

Under the proposals, vaccination would be a condition of deployment. Compliance would therefore be a matter for employers and would not be directly within our remit.

Possible challenges

There are some potential challenges with the consultation proposal that we suggest would benefit from further consideration. We are more than happy to work with you to explore how to minimise the impact of these.

- There may be implications for international medical graduates (IMG) and other healthcare professions coming to the UK from abroad (who constitute the majority of new doctors on our register each year). We note the government will consider whether mixed doses of different vaccines and whether vaccines regulated or administered abroad should be included in future requirements. To avoid jeopardising the flow of IMGs into the NHS in England, there would be value in considering a grace period for IMGs who have been unable to obtain vaccination for COVID-19 or influenza abroad, and in setting out what the options might be for those who have received a vaccine which hasn't been approved by the Medicines and Healthcare Regulatory Authority.
- We may see unintended workforce impacts, for example if a requirement to be vaccinated leads some employees to change roles or leave the sector, and this could result in shortages in certain areas or types of role.
- We note that the government has considered the fact that there is some variation in vaccine uptake between groups with protected characteristics, and that there are equality and diversity impacts to consider. While the consultation document notes that having the COVID-19 vaccine may bring about improved health outcomes for some groups, there may also be unintended impacts on trust in (future) vaccination programmes.
- There may be discomfort amongst vaccinators if they feel that an individual's choice to receive a vaccination is unduly influenced by a deployment requirement. Consent is a fundamental ethical principle, and this reflects the rights of individuals to decide what happens to their own bodies. This is set out clearly in our guidance on [Decision making and consent](#) and in the Green Book (chapter 2). Employers may need support in managing any tensions or concerns that arise.
- It's not clear whether this proposal will be a temporary measure, to deal with an emergency situation, or a longer-term change to deployment requirements. If the intention is that this is a temporary measure, or that there will be a specific review point, it may help to alleviate concerns if this is set out explicitly. If it does become a longer-term measure, it will be important to be clear about requirements for boosters and how employers will be supported in tracking staff vaccination status.

We appreciate the vital importance of vaccination as a tool to reduce the spread and severity of COVID-19. Although vaccination as a requirement for deployment would not directly be a regulatory matter for the GMC, if the proposal does proceed we are keen to discuss and support how any unintended consequences of the implementation can be limited and mitigated.

Yours sincerely,



Charlie Massey