

## 1. How do you feel about the proposed requirement for workers in older adult care homes to have a COVID-19 vaccination?

Please select from:

- Supportive
- Rather supportive
- Neither supportive nor unsupportive
- Slightly unsupportive
- **Not supportive**
- I don't know
- Not applicable.

Please provide details to support your answer

The General Medical Council regulates individual doctors in the United Kingdom. As part of our role we set the professional standards expected of all doctors. These standards apply at every stage of training, in every specialty and every setting in which doctors work. We expect doctors to follow the standards in their work, including carrying out vaccinations and supporting efforts to increase uptake.

We recognise this proposal applies, in the first instance, to care home workers. However, the consultation asks who else working in or visiting a care home should be covered by the scope of the policy, if visiting the care home regularly and providing close personal care. This will include doctors administering the vaccine to care workers and GPs caring for residents.

We fully support the goal of increasing vaccine uptake amongst healthcare workers and others. In Good medical practice, we say doctors should be vaccinated against serious communicable diseases unless contraindicated (see paragraph 29) and we reinforced this in our COVID19 advice. However, this isn't a mandatory requirement. We have reservations about making medical interventions mandatory and therefore have concerns about placing duties on employers to only deploy vaccinated staff.

### Shared decision-making and consent

Making vaccination a condition of employment in a particular sector has implications for our approach to shared decision making and patient consent, which are fundamental tenets of good practice. Our Decision making and consent guidance reflects current ethical and legal requirements for treatment decisions to be informed and voluntary - with patients weighing up the benefits and risks with their doctor to decide what is right for them. Patients can take into account any benefits their decision might also have for other people.

However, in discussions about treatment we expect doctors to consider the possibility a patient may be under pressure from others, including employers, to have particular interventions (see paragraph 70). We expect doctors to support the patient to make their own choice. This would apply to doctors offering vaccination to care workers and anyone else affected by a policy where not being vaccinated

means the loss of their job or employment opportunities. If there is an employment requirement, individual choice about vaccination will depend on the exemptions available and opportunities for redeployment for those who are not vaccinated. However, these options are not discussed in detail in the consultation document.

Is there also a risk that making vaccination a condition of employment, where this affects some groups more than others, may inadvertently reduce confidence in and uptake of COVID19 and other vaccines?

Overall, we suggest targeted efforts providing tailored information on the specific concerns of groups where uptake is lower, and removing local barriers to accessing the vaccine, might be preferable in boosting levels of vaccine uptake.