

Briefing: NMC response to Department of Health and Social Care consultation: 'Making vaccination a condition of deployment in older adult care homes'

Our response to this consultation was submitted on 21 May 2021.

- 1. The management of care homes sits outside our remit as the professional regulator of nursing and midwifery professionals. However, we appreciate the opportunity to respond as any new conditions of deployment have the potential to impact the professionals on our register.
- 2. We fully support the actions the Government has undertaken to build vaccination uptake and in support of this, strongly encourage our registrants to take up the opportunity of vaccination against Covid-19.
- 3. We know the vaccine helps to keep our registrants safe, as well as protecting the people they care for. Instead of mandatory vaccination, we see tackling vaccine hesitancy as key to ensuring the highest uptake possible.
- 4. We believe that England is the only one of the four UK nations which is seeking to mandate vaccinations. As a UK wide regulator we would prefer to maintain a clear and consistent approach on vaccination for all our registrants.

#### Our registrants in adult social care settings

- 5. We know that of the 36,000 registered nurses working in adult social care pre-Covid,<sup>1</sup> the vast majority work in care homes. In addition, other NHS workers on our register make regular visits to care homes to support residents.
- Our Code and our standards make clear that professionals have a responsibility to maintain their own level of health and that they should take all reasonable personal precautions to avoid potential health risks to colleagues and people receiving care.
- 7. Given the current pandemic conditions, we would expect and encourage the majority of professionals on our register to be vaccinated, where a vaccine has been approved and is available.
- 8. We recognise that there may be individual circumstances where there is a good reason why vaccination is not appropriate. In these cases, employers and professionals must work together to consider other options for managing risks.

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We're the independent regulator for nurses and midwives in the UK, and nursing associates in England. Better and safer care for people is at the heart of what we do.

<sup>&</sup>lt;sup>1</sup> Skills for Care, <u>The state of the adult social care sector and workforce in England</u>,October 2020, p33

9. We also note that evidence around the link between mandatory vaccination and increased vaccination uptake is mixed (see supporting data below).

### Unintended consequences of mandatory vaccination

## Disproportionate impact on people from a Black and minority ethnic background

- 10. Mandatory vaccination is more likely to impact healthcare workers from a Black and minority ethnic background (BME). The adult social care workforce is diverse with around 21% of workers identified as being of an ethnicity that was black, Asian, mixed, or minority ethnic.<sup>2</sup>
- 11. Within this group, registered nurse is one of the most diverse job roles with 38% of workers identifying from a Black, Asian, mixed, or minority ethnic background.<sup>3</sup>
- 12. Given that healthcare workers from some BME backgrounds are more likely to be vaccine hesitant than their white British colleagues, mandatory vaccination could have a negative impact on the workforce. Instead, we suggest the focus for the Government and employers should be on addressing the reasons for hesitancy, particularly for people from BME backgrounds but also including other groups, including people who have some disabilities, are pregnant or have certain beliefs.

### Staffing shortages

- 13. There is a substantial risk that compulsory vaccination could drive some workers from the sector or deter others from entering it. Although <u>our new annual data report</u> shows that across the board, the number of people leaving our register has fallen for the fifth year running, other sources show that social care, and the care home sector in particular, continues to face considerable workforce challenges.
- 14. Registered nurses in adult social care have a much higher turnover rate (41.3%) than their counterparts in the NHS (9.4% for registered nurses and health visitors).<sup>5</sup>
- 15. With the total number of adult social care jobs in England increasing by 9% (130,000 jobs) since 2012/13,6 we hope that issues around recruitment into the sector will be remedied in future social care reform. However, in the immediate term mandatory policies could cause unintended negative consequences and put further pressure on the people we are trying to protect.

## Impact on FTP referrals

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<sup>&</sup>lt;sup>2</sup> Skills for Care, The state of the adult social care sector and workforce 2020, p.1

<sup>3</sup> Ibid...

<sup>&</sup>lt;sup>4</sup>Ethnic differences in SARS-CoV-2 vaccine hesitancy in United Kingdom healthcare workers: Results from the UK-REACH prospective nationwide cohort study, April 2021

<sup>&</sup>lt;sup>5</sup>Skills for Care, The state of the adult social care sector and workforce 2020, p.2

<sup>&</sup>lt;sup>6</sup> Ibid., p.35

- 16. A fundamental principle of fitness to practise (FtP) is that employers are usually best placed to manage safety concerns and regulators only need to take action where there are risks that employers cannot mitigate.
- 17. Since there are elements of our Code and standards that already apply, it would be helpful to see the proposed legislation for this mandatory proposal so that we are able to understand how this would interact with our own existing legislation.
- 18. If the government does decide to move forward with this measure, we would be keen to ensure that this does not lead to unnecessary or inappropriate FtP referrals. In this regard, we would be keen to ensure that there is clear guidance for care providers and their managers responsible for implementing this proposal.
- 19. It would be helpful if the guidance details the roles, responsibilities and risk assessments that should be considered by care providers and their managers with an emphasis on encouraging vaccine take up and the employment considerations involved.
- 20. We believe clear guidance will help to avoid an increase in unnecessary FtP referrals related to employment issues that would be difficult to manage and allow us to focus on professional regulatory concerns. We would be keen to work with you on any guidance that you produce.
- 21. We are mindful that groups over-represented in referrals are the same groups experiencing vaccine hesitancy and mandatory vaccination could negatively impact them further. This is why we remain committed to encouraging vaccination.

## Alternatives to mandatory vaccination

- 22. Alternatives to increasing vaccination rates through effective public health outreach interventions could yield better results on take up rates. As recent research shows<sup>7</sup> there are other ways to improve vaccine uptake in staff, including support from experienced peers and making vaccines easily accessible during the working day and greater pressure from employers to receive the vaccine is actually more likely to lead to less take up.
- 23. We believe all nurses, midwives and nursing associates, whether they decide to be vaccinated or not, need to be confident that measures are in place where they work to manage any risk of transmission. As outlined in <u>our support for employers</u>, we look to employers to help our registrants and other healthcare workers to take appropriate steps to reduce risks and prioritise the safety of people in their care.

<sup>&</sup>lt;sup>7</sup> London School of Tropical Medicine

# **Supporting Data**

# NMC Code and Standards outcomes on being an accountable professional

1. The following outcomes from the NMC Code and Standards highlight our expectations of those people who would like to join our register:

#### The NMC Code

2. Point 20.9 of <a href="NMC Code">NMC Code</a> states that to uphold the reputation of your profession at all times registrants must 'maintain the level of health you need to carry out your professional role'.

## Standards of proficiency for nurses

- 3. Point 1.6 of the <u>NMC's standards of proficiency for nurses</u> states that the registered nurse will be able to understand the professional responsibility 'to adopt a healthy lifestyle to maintain the level of personal fitness and wellbeing required to meet people's needs for mental and physical care.'
- 4. Point 6.1 outlines the need to 'understand and apply the principles of health and safety legislation and regulations and maintain safe work and care environments.'

## Standards of proficiency for nursing associates

5. Point 1.6 of the <u>NMC's standards of proficiency for nursing associates</u> (England only) states that the registered nursing associate will be able to 'understand the professional responsibility to adopt a healthy lifestyle to maintain the level of personal fitness and wellbeing required to meet people's needs for mental and physical care.'

## **Adult Social Care Workforce demographics:**

- 6. The following data helps to illustrate how the adult social care workforce and some groups of people within that workforce with protected characteristics could be impacted more than others if a policy of mandatory vaccination was brought in.
- 7. According to data from Skills for Care report 'The state of the adult social care sector and workforce in England8' published in October 2020:
  - a. Pre-Covid there were 36,000 registered nurses working in adult social care
  - b. These nurses make up the largest regulated profession in adult social care and just under 5% of our register at the time of reporting.
  - c. The vast majority of these nurses (as much as 85%) work in care homes.

# Workforce statistics for groups with protected characteristics:

d. Skills for Care data also indicated that the adult social care workforce is

<sup>&</sup>lt;sup>8</sup> Skills for Care, The state of the adult social care sector and workforce in England, October 2020

- diverse with around 21% of workers identified as being of an ethnicity that was Black, Asian, mixed, or minority ethnic. This was more diverse than the overall population of England (14% Black, Asian mixed or minority ethnic.)<sup>9</sup>
- e. Within this group, registered nurse is one of the most diverse job roles with 38% of workers identifying from a Black, Asian, mixed, or minority ethnic background.<sup>10</sup>
- f. The NMC's own Ambitious for Change data shows that after looking at a person's protected characteristics alongside where they trained, live and work, professionals who are: male, trans, bisexual, Black, living in certain parts of the UK or places such as the Channel Islands, trained in Northern Ireland, working in settings such as the cosmetic or aesthetic sector, or being someone whose disability we don't know (or they prefer not to say) are more likely to be referred to us compared to others.<sup>11</sup>
- g. The NMC is committed to understanding why this is and taking appropriate action to address it. We are concerned that given higher rates of vaccine hesitancy, mandatory vaccination policies could further disproportionately impact referrals on those groups already over-referred.

## Mandatory Vaccination and Vaccine take up

- 8. Recent <u>UK-Reach findings</u> have shown that healthcare workers from some BME backgrounds are more likely to be vaccine hesitant than their white British colleagues.<sup>12</sup> Reasons for vaccine hesitancy include 'lack of trust in government and employers, safety concerns due to the speed of vaccine development, lack of ethnic diversity in vaccine studies, and confusing and conflicting information.'<sup>13</sup>
- 9. Reasons for vaccine hesitancy include 'lack of trust in government and employers, safety concerns due to the speed of vaccine development, lack of ethnic diversity in vaccine studies, and confusing and conflicting information.'14
- 10. Pre-Covid by Gary Finnegan<sup>15</sup> on how successful mandatory vaccination had been in Europe found that there is 'no one-size fits all approach to improving vaccine uptake.' Finnegan's article also outlines the risks associated with mandatory vaccination policies, such as vaccine backlash, and supports the UK-Reach findings that understanding what drives vaccine acceptance could be more helpful.

<sup>&</sup>lt;sup>9</sup> Ibid., p.70

<sup>&</sup>lt;sup>10</sup> Ibid., p.75

<sup>&</sup>lt;sup>11</sup> NMC, Ambitious for Change, 2020, p11

<sup>&</sup>lt;sup>12</sup>Ethnic differences in SARS-CoV-2 vaccine hesitancy in United Kingdom healthcare workers: Results from the UK-REACH prospective nationwide cohort study, April 2021

<sup>&</sup>lt;sup>13</sup> Ibid.,

<sup>&</sup>lt;sup>14</sup> Ibid.,

<sup>&</sup>lt;sup>15</sup> Finnegan G, Mandatory vaccination: does it work in Europe?, 27 November 2017, https://www.vaccinestoday.eu/stories/mandatory-vaccination-work-europe/comment-page-1/