

Briefing: NMC response to Department of Health and Social Care consultation 'Making vaccination a condition of deployment in the health and wider social care sector'

Our response to this [consultation](#) was submitted on 19 October 2021.

Overview

1. We are incredibly proud of the nearly 732,000 nursing and midwifery professionals across the UK on our register, who despite facing significant demands and pressures during the coronavirus pandemic, have provided safe, kind and effective care, that has undoubtedly saved many lives.
2. We appreciate the opportunity to respond, as any new conditions of deployment will impact the professionals on our register. As outlined in our response to the adult care homes consultation ([available here](#)), our position remains to strongly encourage our registrants to take up the opportunity of vaccination.
3. We know vaccines help to keep our registrants safe, as well as protecting the people they care for. We are working constructively with the Care Quality Commission (CQC) and regulatory partners, to support the implementation of this policy. Following the launch of this new consultation, we continue to think that there is a risk of a negative impact of mandatory vaccination on the workforce.
4. We know the Government faces a challenge in balancing a range of factors before reaching a decision which best protects the public, so we have set out a series of considerations below. If this legislative change is intended to be permanent, we would also appreciate reassurance that it will receive the correct level of parliamentary scrutiny.

Our registrants and current provisions that address health risk

5. [Our Code](#) and [our standards](#) make clear that professionals have a responsibility to maintain their own level of health, taking all reasonable personal precautions to avoid potential health risks to colleagues and people receiving care.
6. We continue to expect and encourage the majority of professionals on our register to be vaccinated against Covid-19 and flu, where a vaccine has been approved and is available. We look to [employers to help staff](#) take appropriate steps to prioritise the safety of people in their care.

23 Portland Place, London W1B 1PZ
T 020 7333 9333
www.nmc.org.uk

We are the UK nursing and midwifery regulator. Our role is to protect patients and the public through efficient and effective regulation.

Registered charity in England and Wales (1091434) and in Scotland (SC038362)

7. From queries we have received since the decision to make mandatory vaccination a condition of deployment in care homes, we know some people are concerned that they may be forced to be vaccinated without consent or under duress. They view consent as a central plank of the Code and believe their right to consent to treatment is being taken away.
8. Conversely, we have heard from employers and managers expressing concern for people in vulnerable circumstances if a nurse refuses to be vaccinated and they become ill. 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.

Issues to address when considering mandatory vaccination

Staffing shortages and access to the sector

9. Making Covid-19 and flu vaccination mandatory for all health and social care staff could exclude many professionals from working in the sector and deter others from joining. This could undermine the growth in recruitment numbers we have witnessed recently and impact the Government's ambition of recruiting 50,000 nurses by 2025.
10. There is no evidence yet to suggest that mandatory vaccination will increase uptake, but there is evidence that it could negatively impact on workforce numbers. The Government's own forecasts suggest mandatory Covid-19 vaccination for adult care home staff will lead to 40,000 staff leaving the sector.¹

Impact on nursing and midwifery students

11. If vaccination becomes a condition of employment, then it is likely unvaccinated students will be refused placement opportunities. Any delay, whether through personal choice or otherwise, to receiving vaccinations could result in disruption to a student's programme and delays to them joining the register. Students must also be given the same opportunities as paid staff to get boosters.

Impact on international recruitment

12. We have been working with the Department throughout the pandemic to support all those wishing to join our register from overseas. To ensure this pipeline of health and care workers is still available, careful consideration should be given to how mandatory vaccination is managed for this group.
13. This includes clarity on what evidence will be accepted and what happens if a non-MHRA approved vaccine, or mix of vaccines, has already been administered. There is also the possibility that mandatory vaccination could make England less appealing as a working destination.

Disproportionate impact on people with protected characteristics

¹ Gov.uk, Statement of impact – [The Health and Social Care Act 2008 \(Regulated Activities\) \(Amendment\) \(Coronavirus\) Regulations 2021](#) (19.07.21)

14. Tackling the structural and societal barriers which prevent someone from being vaccinated is key to building uptake. This is particularly important for people from Black, Pakistani, Bangladeshi, and non-UK White/Irish groups² but also including people who have disabilities, are pregnant, have certain beliefs, or are from a particular socio-economic background. (*More information in supporting data is below.*)
15. We encourage the Government to work with existing groups and networks that represent particular demographic groups within the health and care workforce in addressing barriers to vaccination and understanding the full impact of mandatory vaccination on these groups.

Four countries implications

16. England is currently the only one of the four UK nations seeking to mandate vaccinations. Consideration must be given to the cross-border impact of mandatory vaccination, especially for those who live and work in different countries, including their ability to prove vaccination if they have received one or more vaccines outside England.

Impact on Fitness to Practise (FtP) referrals

17. As with mandatory vaccinations in the care home sector, we see the CQC as the appropriate body for enforcement. This would help avoid an increase in unnecessary FtP referrals to professional regulators related to employment issues.

Alternatives to mandatory vaccination

18. 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 the risk of transmission.
19. We encourage Government to consider all ways to improve vaccine uptake in staff, including support from experienced peers and making vaccines easily accessible during the working day³.

² Government Equality Impact Assessment: [‘Making vaccination a condition of deployment in care homes for working age adults.’](#) (Published 16 June 2021)

³ Bell, Clarke, Ismail, Ojo-Aromokudu, Naqvi., Coghill, Donovan, Letley, Paterson, Mounier-Jack, [COVID-19 vaccination beliefs, attitudes, and behaviours among health and social care workers in the UK: a mixed-methods study](#), 25.04.21

Supporting Data to NMC Response

NMC registrants in England

1. Between April 2020 and March 2021, the total number of nurses, midwives and nursing associates on our register in England grew from 563,757 to 576,645⁴.
2. Provisional Government figures show that as of January 2021, there were over 300,000 nurses⁵ and over 27,000 midwives⁶ working in the NHS in England.

NMC Code and Standards outcomes on being an accountable professional

3. 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

4. Point 20.9 of the [NMC Code](#) 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

5. Point 1.6 of the [NMC's standards of proficiency for nurses](#) 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.'
6. 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

7. Point 1.6 of the [NMC's standards of proficiency for nursing associates](#) (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.'

Standards of proficiency for midwives

8. Point 1.26 of the [NMC's standards of proficiency for midwives](#) states that registered midwives 'understand the professional responsibility to maintain the level of personal health, fitness, and well-being required to meet the needs of women, newborn infants and families for psychological and physical care.'

Further data and impacts on groups with protected characteristics

⁴ NMC, [the NMC register, England](#), May 2021, p4

⁵ Gov.uk, [Record number of NHS doctors and nurses in England](#), 25 March 2021, accessed 16.09.21

⁶ NHS Digital, [NHS Workforce Statistics - December 2020](#) (25 March 2021)

9. One in five nurses, midwives and health visitors in England is from a Black and minority ethnic background.⁷
10. Covid-19 vaccination rates are lower in population groups that change address frequently, which is common among people from ethnic minorities.⁸
11. The Government's own Equality Impact Assessment (EQIA) on mandatory vaccination in adult care homes outlined how mandatory vaccination could force staff to disclose disabilities to management. Allowing staff to provide proof of medical exemption without revealing the reason should be considered.⁹
12. The same EQIA outlined that women are more likely to be unvaccinated.¹⁰ With our registration data report for England showing that 89% of the people on our permanent register identify as female, this is another important consideration.

Mandatory vaccination and vaccine take up

13. Recent [UK-Reach](#) findings have shown that healthcare workers from some BME backgrounds are more likely to be unvaccinated than their white British colleagues¹¹. Reasons for people choosing to be unvaccinated 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.'¹²
14. Pre-Covid by Gary Finnegan¹³ 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.

⁷ NHS.UK, [An overview of workforce data for nurses, midwives and health visitors in the NHS](#), (accessed 06.10.21)

⁸ British Medical Journal (BMJ): [Covid-19 vaccine hesitancy amongst ethnic minority groups](#) (26 February 2021)

⁹ 9 Government Equality Impact Assessment: '[Making vaccination a condition of deployment in care homes for working age adults.](#)' (Published 16 June 2021)

¹⁰ Ibid

¹¹ [Ethnic differences in SARS-CoV-2 vaccine hesitancy in United Kingdom healthcare workers: Results from the UKREACH prospective nationwide cohort study](#) (April 2021)

¹² Ibid

¹³ Finnegan G, [Mandatory vaccination: does it work in Europe?](#) (27 November 2017)