

Covid vaccination requirement for all general practice workers



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On 10 November 2021, NHS England and NHS Improvement (NHSEI) issued [a letter to health and social care service providers](#) acknowledging the announcement made by the Department of Health and Social Care (DHSC) that individuals undertaking CQC regulated activities in England must be fully vaccinated against Covid-19 no later than 1 April 2022 to protect patients, regardless of their employer, including secondary and primary care. **NHSEI has now produced [phase 1 guidance](#) related to this. A summary of their guidance is detailed in italics after this message.**

Phase 2 guidance is subject to completion of parliamentary passage, and will focus on the implementation of the new regulations inclusive of a redeployment framework and advice regarding formal steps for staff who have not had two vaccine doses by 1 April 2022.

Our current understanding is that this will affect all staff working in general practice including administrative/reception staff, trainees and medical students (please see appendix 1 of the phase 1 guidance). Unless exempt, all general practice staff will need to have received their first Covid vaccine dose by 3 February 2022 in order to have completed two doses by 1 April 2022. Currently the proposed regulations do not require evidence of booster vaccinations.

Please note that the terminology 'general practice workers' is being used as this includes both general practice employees and GP contract holders.

We are already hearing reports of staff members resigning in view of these proposed regulatory changes. There is no need for this to occur at present. Should the regulations change as proposed and staffs members refuse to be vaccinated and are not exempt there will be ample time for them to formally resign from their position.

Our current understanding is that if there is a legal requirement to be vaccinated, the employee is not clinically exempt, and they do not agree to vaccination, the employer will need to consider if there are any posts for redeployment where they would be exempt under these regulations. If such a post cannot be found the worker will in effect be resigning from their position. We will update this information once national guidance is available.

We will share further information on these requirements as and when they become available. If you have any queries in the meantime please contact Dr Elliott Singer, Medical Director, GP Support, Londonwide LMCs: elliott.singer@lmc.org.uk.

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Summary of NHSE&I's phase 1 guidance

NHSEI Phase 1 guidance aims to

- i. support compliance with the regulations,
- ii. maximise vaccination rates,
- iii. minimise the impact of the regulations on the NHS workforce capacity,
- iv. provide a consistent approach in the planning and preparation for the regulations, with minimal operational differences between organisations, and
- v. support employers ensuring the best protection for vulnerable patients and staff in healthcare settings.

Immediate action for practices

- i. Review and update your [staff] privacy notices, to include arrangements regarding the recording of vaccination and exemption status, what data is being used and why.
- ii. Ask workers to confirm their vaccination status / intentions in writing and set deadlines. All declarations confirming a full completed course of the Covid-19 vaccine will need to be evidenced as per the information in the overview section of this guidance.
- iii. Actively support uptake of vaccination via communication and engagement. Evidence has shown that sensitive 1:1 conversation, approached holistically, with empathy and respect, is the best way to convert vaccine hesitancy to vaccine uptake.
- iv. Understand and document 'in scope' workers vaccination and exemption status. The evidence of the workers status needs to be documented. If an individual advises that they are medically exempt, please signpost them to obtaining evidence of clinical exemption. Ensure systems are in place to keep this under review.
- v. Agree and document arrangements with suppliers of temporary, agency or bank workers, education institutions who provide students and any other partners who supply workers or volunteers who will be required to evidence vaccination to continue to be deployed into relevant settings.
- vi. Start to identify options for potential redeployment to non-face-to-face roles, however, avoid taking formal action in regard to redeploying workers or reallocating duties until the regulations have received parliamentary approval. There will be a 12-week grace period from when the regulations are made to when the regulations come into force which will give workers time to decide to get vaccinated.
- vii. Proactively plan and identify potential workforce reconfigurations and redesign, ahead of 1 April 2022, to support staff wellbeing and avoid disruption to services.
- viii. Appendix 4 of the phase 1 guidance contains a useful checklist to help practices prepare and plan for this regulatory change.

It is recommended that formal redeployment of workers should not commence until the new regulations have been approved by Parliament which is expected on 6 January 2022 (this date is subject to change).

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Workers declining vaccination

- i. *Have a meeting with those who refuse, assess risk and discuss next steps. A detailed record of both formal and informal conversations should be maintained.*
- ii. *If it is unlikely that the worker will be fully vaccinated by 1 April 2022 (and no exemption applies), undertake a formal process with the individual in line with internal policy if applicable ensuring that the individual is aware of the possible implications of their failure to be vaccinated by 1 April 2022.*
- iii. *The policy might cover matters such as:*
 - a. *The benefits of vaccination and how employees can contribute to wider public health by protecting themselves and other employees and the wider community by being vaccinated.*
 - b. *Whether staff over 18 are entitled to time off work (with or without pay) to be vaccinated or obtain evidence of medical exemption.*
 - c. *Any arrangements relating to leave if staff experience side effects from vaccination. For example, it may be preferable to avoid a large number of staff being vaccinated on a single day.*
 - d. *How an individual's vaccination status can be evidenced.*
 - e. *How data about vaccination or exemption will be processed.*
 - f. *How any formal policies will apply to staff who will not comply with the requirement.*
 - g. *How vaccination requirements of new recruits and agency staff will be addressed.*
- iv. *Conversations should include:*
 - a. *Ensuring the individual is aware of the regulations and advising them of the impact of the regulations on their role.*
 - b. *Discussing any individual circumstances that may currently be stopping them from getting the Covid-19 vaccination with understanding and compassion.*
 - c. *Addressing concerns and vaccine hesitancy.*
 - d. *Providing details of access to expert clinical advice from clinicians locally wherever possible.*
 - e. *Signposting the employee to support services (including health and wellbeing and occupational health) and Covid-19 vaccination information resources from NHS England and the Department of Health and Social Care.*
 - f. *Encouraging the employee to have further conversations with their own GP or trusted healthcare professional if they have any further questions around vaccination.*