

About the RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is the membership body for paediatricians in the UK and around the world. Founded in 1996 and now with about 20,000 members in the UK and internationally, we play a major role in postgraduate medical education, professional standards, research and policy.

Our Response

The RCPCH strongly believes that all health and care staff should choose to be vaccinated. GMC guidance states that doctors have a duty to be immunised against common infectious diseases to protect themselves and their patients. However, in line with the [Academy of Medical Royal Colleges position](#) we do not support mandatory vaccinations for healthcare staff.

Main risks and considerations in making COVID - 19 and Flu vaccination a condition of deployment

- Whilst we support the need for vaccination rates in healthcare staff to be as high as possible, we don't believe that making vaccinations compulsory is the most appropriate or effective way to do this and could be counterproductive. The uptake for COVID - 19 vaccination is already high amongst health care workers. Hospital trusts have reported successful initiatives to improve staff vaccine uptake,^{1,2,3} which listen to people's concerns and address the main reasons for hesitancy. There is a risk that making vaccination mandatory will damage trust, increase resistance and lead to staff being less likely to become vaccinated.
- The NHS is experiencing significant staff shortages, long waiting lists and huge backlogs going into a winter where demand is likely to be extremely high. In paediatrics and the wider child health workforce there is already pressure on services including well documented areas where demand very much outstrips capacity.⁴ Making vaccinations mandatory could potentially decrease the frontline workforce if health care staff are redeployed or lose their jobs due to remaining unvaccinated which would put further stress on already stretched services and impact patient care.
- Health and social care workers have had a gruelling 18 months with increased challenges likely to continue. If staff feel pressured or see their colleagues pressured or dismissed for not being vaccinated this could lead to worsening morale in an already stressed workforce that may also ultimately lead to workers leaving front line professions.
- There is the possibility that the introduction of vaccinations as a condition of deployment will lead to unnecessary disputes and arguments at local and national level. These disputes have the potential to be time consuming, expensive, provide negative publicity with regards to vaccination and damage relationships within

organisations. This would distract from and be counterproductive to healthcare organisations' main focus of delivering patient care, supporting the workforce and increasing confidence in the vaccination programme.

- Studies have highlighted that there may be more vaccine hesitancy in some ethnic minority groups that are overrepresented in the health and social care workforce.^{5,6,7} There is a risk therefore that these groups will be disproportionately affected, and this approach could be seen as discriminatory.
- Mandating vaccination at a national level for health care staff would set an unwelcome precedent which is at odds with the informed consent approach in most other areas of vaccination and healthcare. There are requirements for some health care workers to receive certain vaccinations e.g. hepatitis B, however, at a national level this is only a recommendation^{8,9} the requirement is applied and managed through local Trust policies. Instead we would support continued investment in non-statutory measures to encourage vaccine uptake that would avoid the potential impact on staffing levels and allow individuals to retain personal choice about vaccination.

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