

11 November 2020

Supporting doctors throughout the second COVID-19 wave

COVID-19 has been a challenge for the entire UK population but clinicians have been particularly affected. Thank you on behalf of the profession for your remarkable past, present and future work to reduce the impact of this crisis on the lives of our fellow citizens. You were a testament to our profession during the first wave and we all know you have been working tirelessly to reduce the COVID and non-COVID harm since.

Unfortunately, as we all know, COVID-19 cases are rising again and there is already sustained additional pressure in many parts of the NHS/HSC. Pressure will also inevitably be exacerbated by staff shortages due to sickness or caring responsibilities.

Due to the actions of the whole population of all four nations the initial peak of pressure will be significantly lower than it would otherwise have been, but it may well be prolonged throughout the winter period, with wide local variation and fluctuation in cases, requiring a sustained response from the whole profession. This will be gruelling professionally and personally.

Impressive scientific progress continues on vaccine development. Whilst full safety and efficacy data is needed, it shows the power of medical science to tackle this infection. We expect more scientific progress over the next months, but this will not change the reality in 2020.

We are confident all doctors will continue to respond rapidly and professionally and we want to assure colleagues that we recognise this will, once again, require temporary changes to practice, and that regulators and others will take this into account.

This second wave will require healthcare professionals to be flexible in what they do, especially in those areas under greatest pressure. In common with the first wave it may entail working in unfamiliar circumstances or surroundings, or working in clinical areas outside of their usual practice for the benefit of patients and the population as a whole. This can be stressful and you may have concerns about both the professional practicalities and implications of working in such circumstances.

Just as we said before, we need to stick to the basic principles of being a good doctor. All doctors are expected to follow GMC guidance and use their judgement in applying the principles to the situations they face, but these rightly take account of the realities of the situation in which we find ourselves.

We want doctors, in partnership with patients and other healthcare staff, always to use their professional judgement to assess the risks of both COVID and non-COVID harms to make sure people receive safe care, informed by the values and principles set out in their professional standards. A rational approach to varying practice in an emergency is part of that professional response.

It is the responsibility of GP practices, hospitals, trusts, health boards and healthcare leaders to ensure that all clinicians working in their organisations are well supported to do this and channels for raising and acting on concerns remain open and accessible to staff. They must

bear in mind that clinicians may need to depart, possibly significantly, from established procedures in order to care for patients in the highly challenging circumstances of an epidemic.

We expect employers, educational supervisors, professional bodies, national NHS and HSC organisations to be flexible in terms of their approach and the expectations of routine requirements. Healthcare professional regulators, including the GMC, have committed to take into account factors relevant to the environment in which the professional is working, including relevant information about resources, guidelines or protocols in place at the time.

Updated guidance has been published on the GMC website:

www.gmc-uk.org/-/media/documents/dc13028-guidance-for-decision-makers-on-covid-19-external-version-pdf-83985701.pdf

Due consideration should and will be given to healthcare professionals and other staff who are using their skills under difficult circumstances due to lack of personnel and significant demand in a major pandemic. This may include working outside their usual scope of practice. The healthcare regulators previously released a joint statement to explain this www.gmc-uk.org/news/news-archive/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus

We are determined to ensure the long-term prospects of doctors in training are not compromised by this prolonged health crisis. The GMC, together with the Colleges and the education bodies in the four nations, are working on this.

We all need to support one another during this time. It is, and is going to remain, hard going, but mutual support makes this prolonged crisis easier to manage personally as well as professionally.

Finally, we would like to thank you again for all the tireless efforts you have and will continue to make. We are very proud of the response of the entire medical profession whether clinical, public health or laboratory to this unique challenge. It has been exemplary.



Professor Chris Whitty
Chief Medical Officer
England



Dr Michael McBride
Chief Medical Officer
Northern Ireland



Dr Gregor Smith
Chief Medical Officer
Scotland



Dr Frank Atherton
Chief Medical Officer
Wales



Dr Nikki Kanani
Medical Director for
Primary Care, NHS
England and NHS
Improvement



Professor Colin Melville
Medical Director and
Director of Education and
Standards, GMC



Professor Stephen Powis
National Medical Director
NHS England and NHS
Improvement



Professor Helen Stokes-
Lampard
Chair of the Academy of
Medical Royal Colleges