

12 January 2021

## Supporting doctors throughout the COVID-19 pandemic

Dear Colleagues

This year has started in a way we could all have barely imagined 12 months ago, and we wanted to write to thank all of you for your immense efforts. After the long ordeal of last year, we enter the New Year with the real hope that vaccination offers to control COVID and the very substantial impact that it has had on health, lives and livelihoods but with a significant surge in cases to deal with before that begins to take effect.

There are many weeks ahead that are likely to be among the most challenging of all our professional lives. Doctors will be faced with many professional dilemmas and some may be pushed to the limits of physical and mental endurance. Please look after your colleagues - protracted, relentless crises are often much more draining than short intense ones.

We wrote to you during the first wave of COVID-19 [last Spring](#) and again [in the Autumn](#) when infections once again began to rise. Those letters contained important advice concerning the application of clinical decisions in extreme circumstances and we would encourage you to read them if you have not already done so. We also append them for your information.

Our view remains that clinical decision making must remain anchored in the principles of Good Medical Practice. This means it must also rightly take into account the realities of the situation in which we find ourselves. We would emphasise once again that a rational approach to varying practice in an emergency is part of a doctor's professional response, and we would expect you to be professionally supported to do this. Many doctors are as a result of this emergency working in new ways, new areas of medicine and taking decisions in a way they would not under normal conditions, and this should be expected and professionally supported.

All medical leaders have huge confidence in the ability and judgement of all our colleagues to meet these challenges. We have been inspired by the passion and commitment of doctors working in all roles throughout the pandemic. This will not be easy and we continue to express our enormous gratitude for all you are doing.

We stand with you professionally at this time.

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

## SUPPORTING DOCTORS IN THE EVENT OF A COVID19 EPIDEMIC IN THE UK

If COVID19 becomes an established significant epidemic in the UK, NHS and HSC services in primary and secondary care and public health across all four nations will be put under extreme pressure. This pressure will inevitably be exacerbated by staff shortages due to sickness or caring responsibilities. It will be a challenge for our profession. We are confident doctors will respond rapidly and professionally and want to assure colleagues that we recognise this will require temporary changes to practice, and that regulators and others will take this into account.

A significant epidemic will require healthcare professionals to be flexible in what they do. 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.

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 a very abnormal emergency situation. We want doctors, in partnership with patients, always to use their professional judgement to assess risk and 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 and health boards to ensure that clinicians working in their organisations are supported to do this. 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 but time-bound circumstances of the peak of an epidemic.

We expect employers, educational supervisors, professional bodies, and 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 already 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.

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 overwhelming demand in a major epidemic. This may include working outside their usual scope of practice. The healthcare regulators have already released a joint statement to explain this. <https://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. The GMC, together with the education bodies in the four nations, are considering this.

Finally, we would like to thank you all for all the efforts you are already making. Many doctors across the NHS, HSC and public health services have already made major contributions to the response to COVID-19. We are very proud of the response of the medical profession in many disciplines whether clinical, public health or laboratory to this challenge. It has been exemplary. We are confident of the commitment, dedication, professionalism and hard work the whole profession has and will continue to have in the very testing event of a significant epidemic in the UK.



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Scottish Government  
Riaghaltas na h-Alba  
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Welsh Government



Department of Health  
An Roinn Sláinte  
Mánsúiríe O Poustie  
www.health-ni.gov.uk

Academy of Medical Royal Colleges



General Medical Council

Dr Frank Atherton  
**Chief Medical Officer for Wales**

Dr Catherine Calderwood  
**Chief Medical Officer for Scotland**

Dr Michael McBride  
**Chief Medical Officer for Northern Ireland**

Professor Chris Whitty  
**Chief Medical Officer for England**

Professor Stephen Powis  
**National Medical Director**  
NHS England and NHS Improvement

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



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**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



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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](http://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](http://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.

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