



London, UK

rammya.mathew@nhs.net Follow

Rammya on Twitter: @RammyaMathew

Cite this as: *BMJ* 2021;372:n635

<http://dx.doi.org/10.1136/bmj.n635>

Published: 09 March 2021

## TAKING STOCK

# Rammya Mathew: Workforce must be at the centre of covid-19 recovery plans

Rammya Mathew *GP*

We seem to have been talking about recovery from covid-19 for some time now. With the vaccination programme going to plan and with a roadmap for easing lockdown restrictions, we might genuinely be on the home straight.

Though the term recovery is widely bandied around, the scale of the task that lies ahead is almost unfathomable. Doctors' campaign groups are already warning of a post-pandemic mass exodus.<sup>1</sup> Weary and burnt out, many have been unable to process what they have worked through, let alone fully comprehend how they have been affected by the events of the past year.

With a year's worth of elective work cancelled or postponed, there is no real time to rest or reflect. The deluge of unmet need that is imminently about to surface could push even the most resilient among us over the edge—especially after a year of dealing with unprecedented personal and professional challenges. The long waiting lists, the rationing of care—problems that were plaguing the NHS long before covid-19—are only going to increase. If the cracks in the system get bigger, and if healthcare workers start to feel complicit in short changing patients, we could see even more people walking away from the NHS.

Then consider healthcare workers who have been shielding—what does the future hold for them? If we are expected to live with covid-19 in the long term, they will be faced with tough decisions about the level of occupational risk they are willing to accept. Rushing people back into roles they don't feel comfortable with must be resisted—at least until we are more certain of the long term efficacy of the vaccine.

Last, but not least, trainees have borne the brunt of disruption related to this pandemic. In many cases, professional exams have been delayed or cancelled, and time in training will have to be extended—even if this is not the case, there is now a bottleneck for those due to complete their training, as new consultant posts are few and far between. Stifled career plans cannot be what we leave junior doctors to contend with after a year of working relentlessly through a pandemic.

Handing in your resignation or opting for early retirement may not have felt like viable options in the middle of a pandemic—the moral duty to see it through has likely kept people in the game until now—but, once the immediate crisis is over, we may see altruism dry up. Recovery has many dimensions, but if we don't put the workforce at the centre of our plans, we could see the perfect storm as rising workload meets catastrophic workforce attrition.

Provenance and peer review: Commissioned; not externally peer reviewed.

<sup>1</sup> Diver T. NHS faces exodus after covid because staff have seen "so much death," BMA chairman warns. *Telegraph* 2020 Nov 17. [www.telegraph.co.uk/news/2020/11/17/nhs-faces-exodus-covid-crisis-staff-have-seen-much-death-bma](http://www.telegraph.co.uk/news/2020/11/17/nhs-faces-exodus-covid-crisis-staff-have-seen-much-death-bma).