Dear Dr Sahota,

We are writing to you to share the experiences of our members and fellows during the COVID-19 pandemic. We are specifically sharing the findings from our membership surveys which have tracked the impact of COVID-19 on the workforce. Additionally, we are sharing aspects of our consultant and higher specialty trainee (HST) census, which we hope will be helpful for London Assembly’s Health Committee inquiry on COVID-19.

To date, the Royal College of Physicians (RCP) have conducted four surveys on members and fellows 1–2 April, 22–23 April, 13–14 May and the most recent one on 3–4 June. The findings from all four surveys include a sample size of responses from members and fellows based in London ranging from 200 - 400 respondents.

Key findings:
- General access to Personal Protective Equipment (PPE) has improved but remains a significant issue. 12% of respondents in London report being unable to access the PPE they need for managing COVID patients, compared to 21% in our first survey back in April.
- Fit testing remains an issue, with half (52%) of clinicians in London reporting that they have not or are not able to get fit tested for the PPE they are using.
- 46% of respondents in London said they had to take time off their normal work schedule because of COVID-19. Of those who have taken time off 21% report having had a confirmed case of COVID-19 with a further 25% having taken time off with suspected COVID-19.
- Findings continue to reflect progress regarding access to testing, with 92% of those based in London reporting that they are now able to access testing for themselves, up from just 26% during our first survey (1-2 April).
- However, almost 26% still report being unable to access testing for a symptomatic member of their household.

It is encouraging to see that there have been improvements in regard to access to testing for NHS frontline workers, but the government must continue in its efforts to ensure that household members of NHS staff are also able to access testing. In addition, there must also be a focus on improving turnaround times for results which supports NHS staff to return to the workforce as quickly as possible. We know that in some instances members are waiting in excess of 72 hours to get their results back. This must be urgently addressed in order to avoid exacerbating pre-existing challenges with workforce shortages and capacity in the NHS, which will also be further impacted by necessary infection prevention and control (IPC) measures.

The RCP remains concerned about the challenges with access to PPE demonstrated by our survey findings. These responses add to the growing body of evidence that staff have not always been adequately protected in the frontline response to COVID-19. The supply of PPE must be urgently increased and
stabilised so all healthcare workers can access the protective equipment they need when they need it. In our latest survey (3–4 June), 22% of doctors said they were working in a clinical area that is different from their normal practice. To ensure their safety, it is crucial that adequate PPE training is provided, particularly for staff working in high risk COVID-19 settings involving aerosol generating procedures (AGP).

Following the publication of Public Health England’s report on the review of disparities in risks of COVID-19, the RCP called for all those at highest risk to be risk assessed within a fortnight. This is particularly important given a large proportion of doctors from black and minority ethnic (BAME) backgrounds, and the disproportionate impact of COVID-19 on BAME communities. It is therefore vital that national guidance is developed and issued as soon as possible for employers to carry out workplace risk assessments. Risk assessments must be individual in order to adequately protect all staff, particularly members of the BAME community.

The pre-existing challenges amongst the workforce are likely to be exacerbated by COVID-19. These pressures include workforce shortages which continue to worsen year after year as demonstrated by our annual census of physicians. The data includes information on workforce challenges in London such as rota gaps, consultant recruitment and retirement intentions.

Key findings for London:
• From January 2018 to September 2019, 210 physician consultant posts were advertised but only 70% successfully appointed to
• Consultant appointments during January 2018 to September 2019 for medical specialties where workload has been adversely impacted by COVID-19:
  - In acute medicine\(^1\) only 16 (38%) out of 42 posts were successfully appointed to
  - In respiratory medicine\(^2\), 39 posts were advertised but only 26 (67%) were successful
  - In rehabilitation medicine\(^3\) only 5 appointments were made
• In London, 55% of consultants and 59% of higher specialty trainees (HSTs) are not of white UK ethnicity
  - 29% of consultants are Asian/Asian British, 3% are Black/Black British and 2% are mixed ethnicity
  - Of the 12% of HSTs that graduated outside of the UK, 40% graduated in Asia, 12% graduated in Africa, and 3% in South and Central America
• 42% of the consultant workforce are expected to reach the mean intended retirement age (62.8) over the next decade
• 49% of HSTs and 33% of consultants reported frequent gaps in rotas
• 78% HSTs and 70% of consultants reported gaps or vacancies most negatively affected work-life balance.

\(^1\) [https://www.jrcptb.org.uk/specialities/acute-medicine](https://www.jrcptb.org.uk/specialities/acute-medicine)
\(^2\) [https://www.jrcptb.org.uk/specialities/respiratory-medicine](https://www.jrcptb.org.uk/specialities/respiratory-medicine)
\(^3\) [https://www.jrcptb.org.uk/specialities/rehabilitation-medicine](https://www.jrcptb.org.uk/specialities/rehabilitation-medicine)
To address these pressures that have been magnified by COVID-19, and meet growing patient demand, the government must take sustained action to immediately increase the supply of clinicians. The practical solutions which the government can implement to ease immediate challenges include developing our home-grown workforce by doubling the number of medical school places to 15,000 per year, with the aim of moving towards a small surplus of supply. Improving the supply of doctors will subsequently ease pressures and improve retention.

The RCP is also calling on the government to truly recognise the vital contributions of our international colleagues in supporting our health and care services during COVID-19 and the role they will continue to play. We are therefore proposing a new deal where all NHS and social care staff who have worked during the pandemic, and their spouses and dependants are granted indefinite leave to remain, and the proposed NHS Visa is extended to social care staff.

The RCP recently established an Inequalities in Health Alliance (IHA), which includes representation from a number of charities, think tanks, social care and public health organisations. The IHA’s calls include the need to address disparities in health between different population groups with a specific focus on BAME communities.

Following the publication of *Health Equity in England: the Marmot review 10 years on*, the IHA and 20 other leading health organisations wrote to the prime minister calling on the government to accept all of the report’s recommendations. The letter also calls on the government to develop a national strategy for action on the social determinants of health, with the aim of reducing health inequalities and ensuring that the National Living Wage and welfare benefits are sufficient for everyone to afford a healthy lifestyle. We hope these findings are helpful, please do not hesitate to contact us should you need further information.

Kind regards,

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