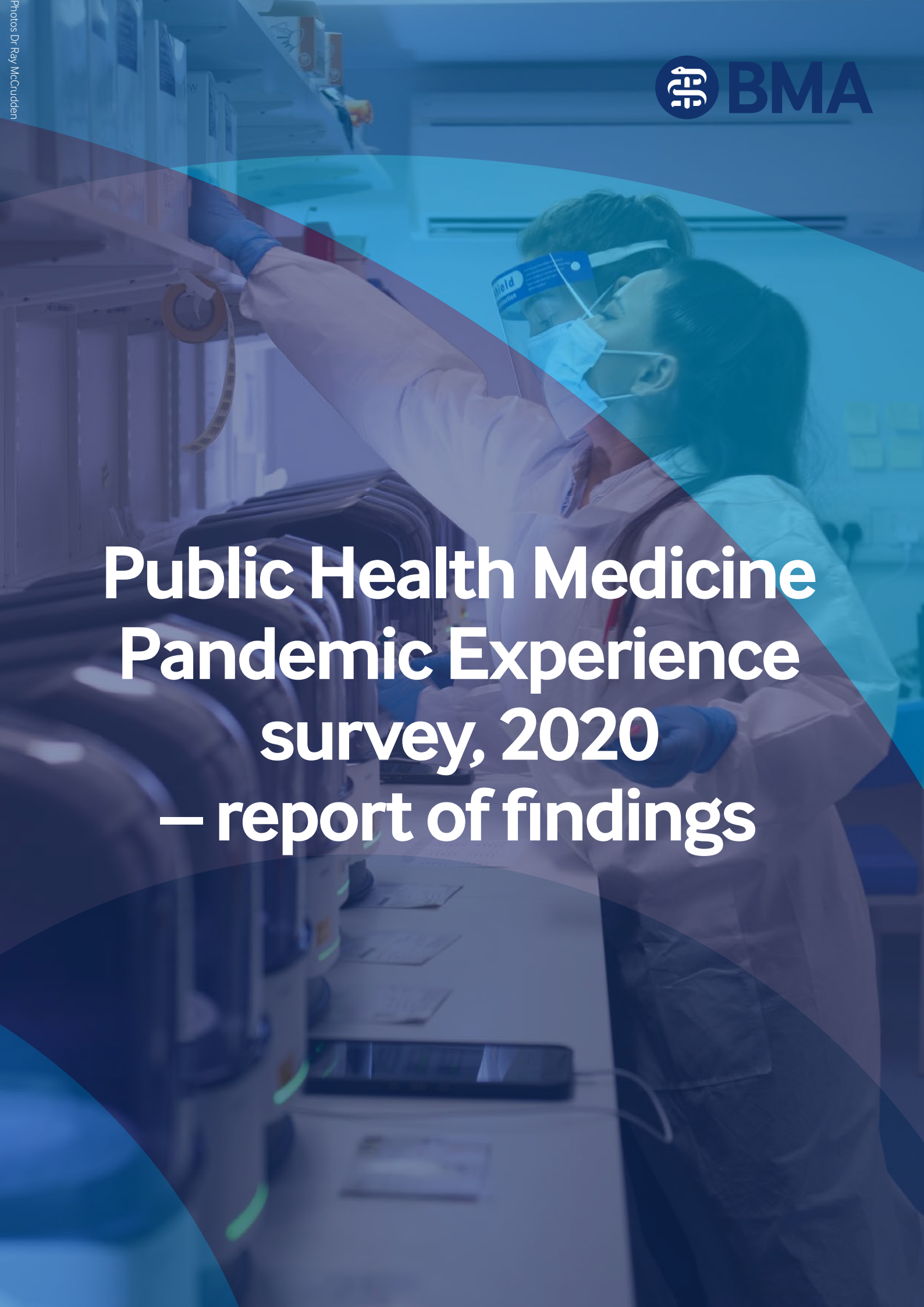


Photos Dr Ray McCrudden

Public Health Medicine Pandemic Experience survey, 2020 – report of findings

1. Introduction and demographics

The Public Health Medicine Committee decided to undertake this survey in order to gain a better understanding of the impact of the COVID-19 pandemic on public health consultants and registrars. An impact that was largely hidden in the BMA's wider surveys of the profession, it was also provoked by the UK Government decision to break up Public Health England and a desire to understand what this meant for public health doctors.

The survey covered a range of topics, drawing on the questions asked in the BMA's wider surveys, and was designed to build a picture of what the experience of the COVID-19 pandemic was like for public health doctors across the UK and of their views on the future of public health, especially in England.

The survey was sent to all BMA members who list a public health post as their first, second or third job and/or recorded public health as their specialty on 10 November 2020. The survey was sent to 1280 members, including those who had retired as a number of those would have returned to practice for the pandemic. By the time the survey was closed on 9 December 2020, 257 responses had been received, which equated to a 20% response rate.

Respondent characteristics

Responses by gender

More female respondents completed the survey (66%) than male (33%).

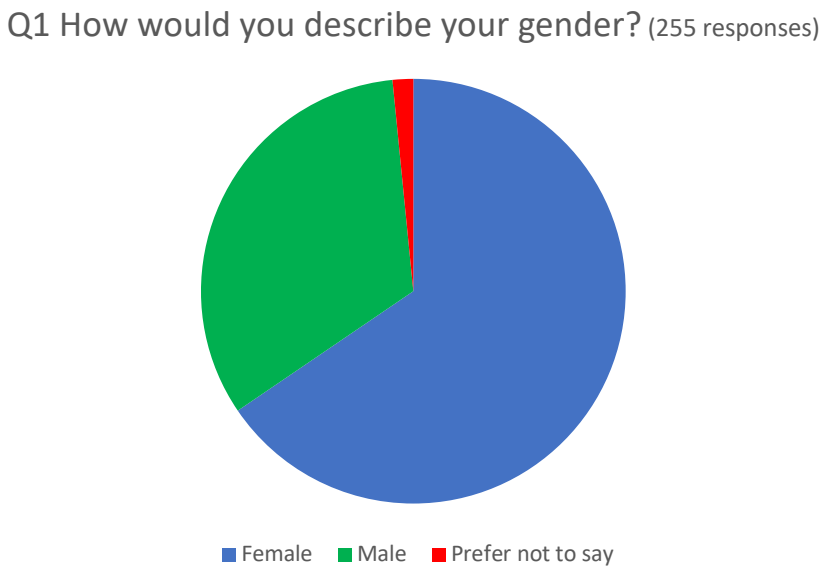


Fig 1: Gender distribution of survey respondents

This is broadly in line with the gender split in both the BMA's Public Health membership and the wider Public Health workforce[1], with the responses from women slightly higher in proportion (Figure 2).

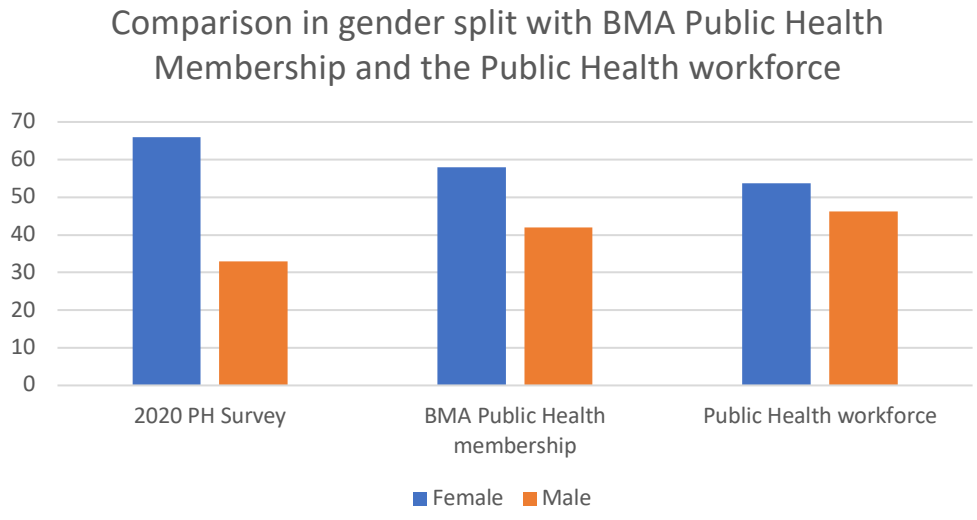


Fig 2: Comparison of gender split across Public Health workforce, BMA Public Health membership and survey respondents.

[1] Workforce data source: gmc-somep-2020-reference-tables-about-the-register-of-medical-practitioners_pdf-84716406.pdf (gmc-uk.org)

Responses by grade

Responses were received from 63 registrars and 158 consultants in Public Health, of which one third in each category worked less than full time. The remaining doctors were speciality doctors or had been temporary-relicensed, the majority of whom reported that they worked part time.

Responses by employers

The spread of respondents by employer was: 26% Public Health England (PHE), 17% Local Authority, 10% NHS England (NHSE), 14% NHS Scotland, 4% Public Health Wales and 6% Public Health Agency Northern Ireland, and 6% University.

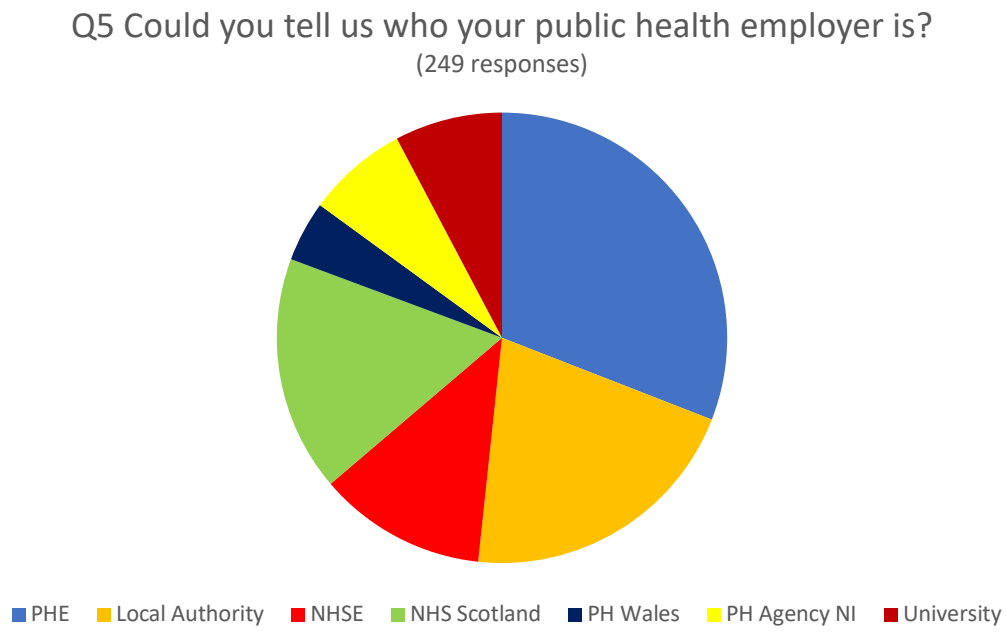


Fig 3: Comparison of survey respondents by their employer.

Responses by contract type

When analysed by types of contract responses were 62% from those on NHS medical and Dental terms, 4% Local Authority terms and conditions, 6% University contracts, 6% NHS Agenda for Change contract, with self-employed and other making up the remaining 22%.

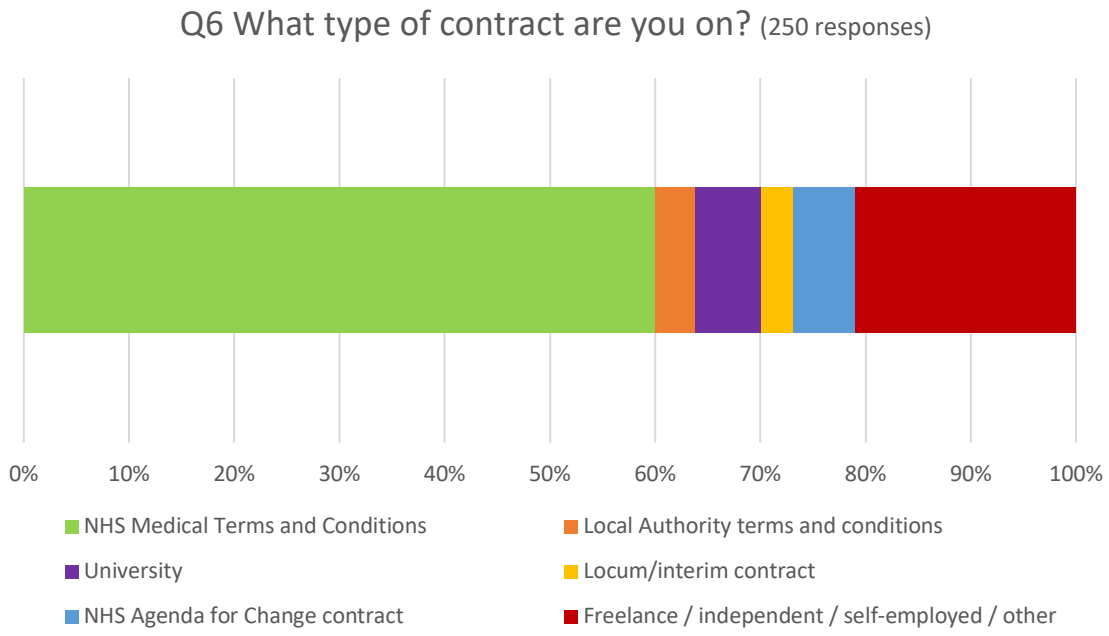


Fig 4: Comparison of contracts held by respondents.

Survey Findings

2. Indemnity and licensing

Indemnity

Only a fifth of those surveyed (20%) had full indemnity cover for all contracted and out of hours work (irrespective of employer), while a further fifth (20%) reported having none and more than a third (36%) did not know whether their employer provided indemnity.

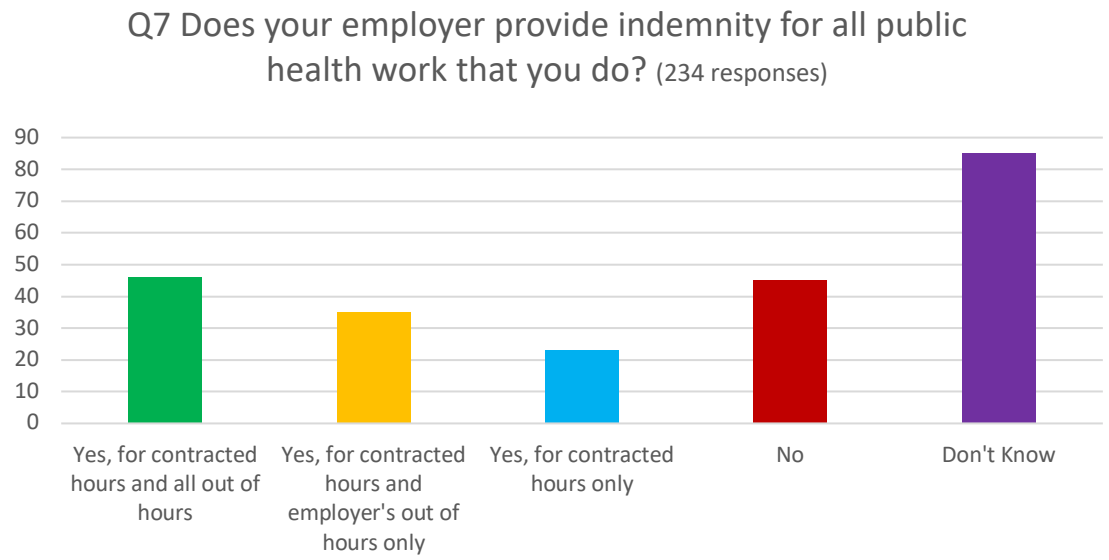


Fig 5: Comparison of indemnity cover across the survey respondents.

Workforce redeployments

Questions 10 and 11 covered the domains of Public Health respondents worked in and whether those who usually worked in either Health Improvement or Health Care Public Health had been asked for work in Health Protection during the pandemic.

The majority of the 244 respondents (48%) to Q10 reported that they usually worked across multiple domains, with one fifth (20%) working in Healthcare Public Health, just over a quarter (27%) in Health Protection and a further 5% in Health Improvement.

Of the 134 respondents to Q11 who did not work solely in Health Protection, just 7% were not asked to work in Health Protection during pandemic.

Relicensed doctors

On the whole, doctors felt they had been appropriately relicensed by the GMC.

Of the 42 relicensed doctors who completed the survey, almost a third (31%) had been offered a post and were working, with a further 10% reported having declined an offer of a post. Comments from those who declined an offer indicated that this was due to a lack of suitable roles, given their experience and skills, with some reporting having turned down roles in contract tracing teams.

14% had seen their offer of help acknowledged but this was not followed up with an actual offer of work, while 43% not had their offer of help taken up at all.

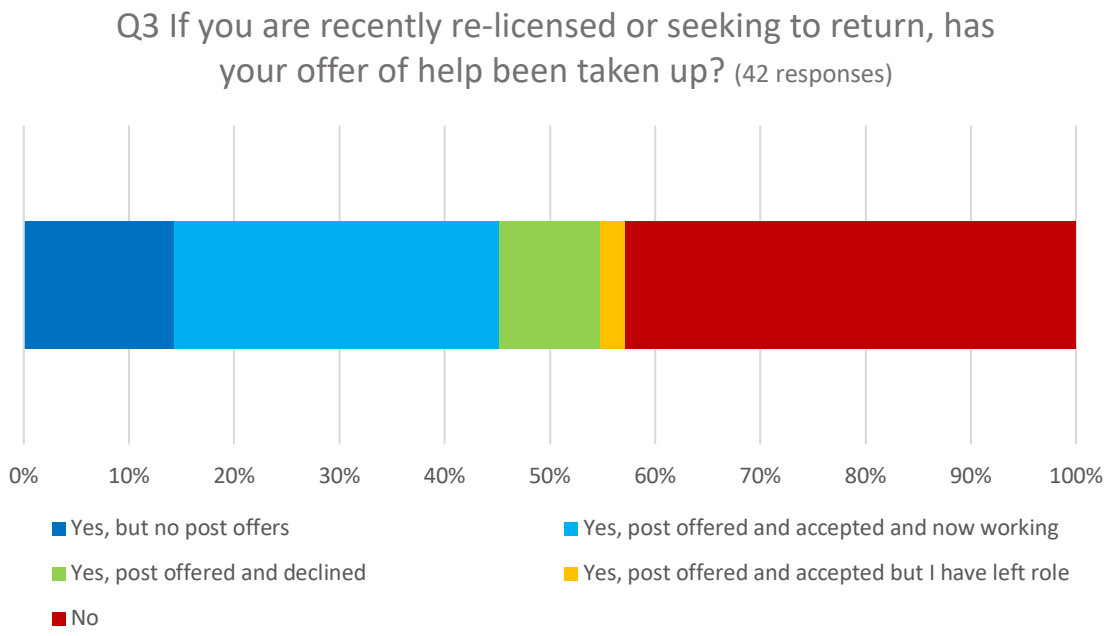


Fig 6: Comparison of responses to relicensed doctors within the survey respondents.

3. Fatigue, overwork, morale and future intentions

Summary findings

Emotional state: 75% of respondents reported higher levels of fatigue than normal from working during the pandemic. This was even higher amongst registrars, at **81%.**

54% reported suffering from any of depression, anxiety, stress, burnout, emotional distress or other mental health condition relating to or made worse by work. Almost all of this group stated that this was worse than at the start of the pandemic.

These issues were more pronounced in responses from Devolved Nations, with **two-thirds (67%)** reporting a mental health condition, and the majority of those stating that it was worse than the start of the pandemic. **Two-thirds (67%) of registrars responding also** reported a mental health condition, with more than half (56%) suffering more than before the pandemic started.

Morale: Morale levels were worse than suggested in the 2017 survey when 30% described their morale as low or very low. **In 2020, 43%** of all respondents describing their morale as either low or very low. The Devolved Nations seems to have been impacted more severely, with **almost two-thirds (61%)** reporting low or very low morale.

Almost half of respondents (43%) described the level they felt valued as a doctor as low or very low. This was worse in PHE with over half (53%) staff described the feeling of being valued as a doctor as low or very low.

Workload: More than **three quarters of respondents (82%)** across the whole system, reported having worked additional hours during the pandemic**,** with two thirds (67%) overall describing this as a regular occurrence. This appeared to be more acute in Devolved Nations, where 96% of respondents reported having worked additional hours, 78% of those on a regular basis.

Future intentions: Over a quarter (27%) of respondents said that they had a low or very low desire to continue working in public health. This was much higher in the devolved nations at 37%.

However, of most concern is the increase in the number of registrars responding that they were more likely to move away from public health (28%), almost half (48%) wanted to work fewer hours and more than a third (36%) were considering a career break. All of which suggests that the current staffing and workforce issues could be exacerbated in future if fewer trainees remained in the profession and if those that remained reduced their working hours.

Workforce fatigue

Three quarters (75%) of respondents reported higher levels of fatigue than normal from working during the pandemic. The responses from registrars were even higher here, at 81%.

All responses:

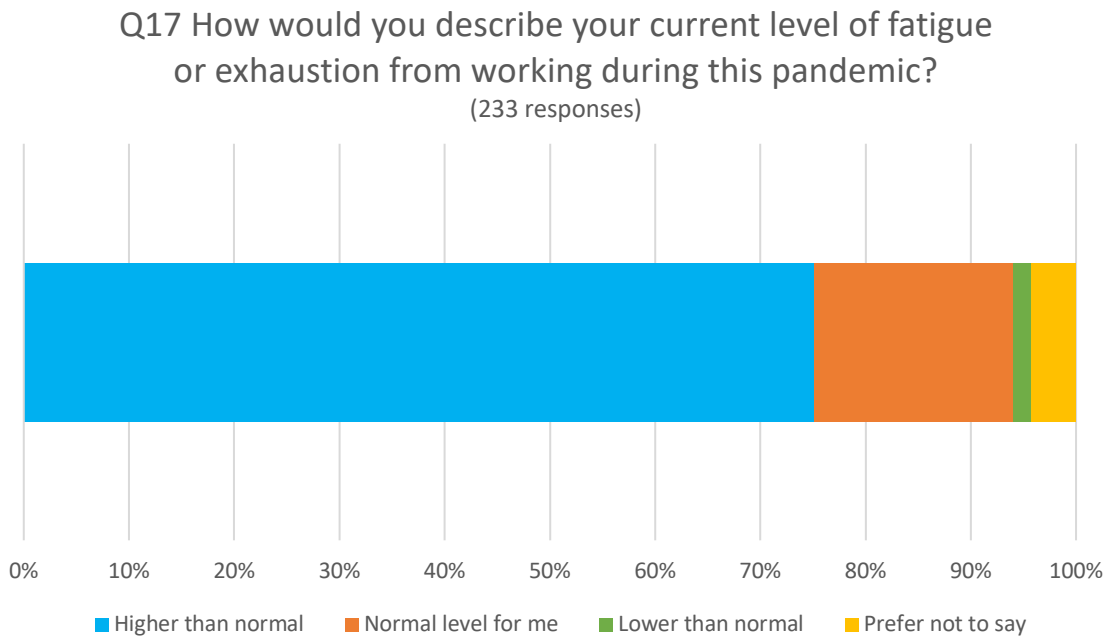


Fig 7: Comparison of fatigue levels amongst survey respondents.

The responses from registrars:

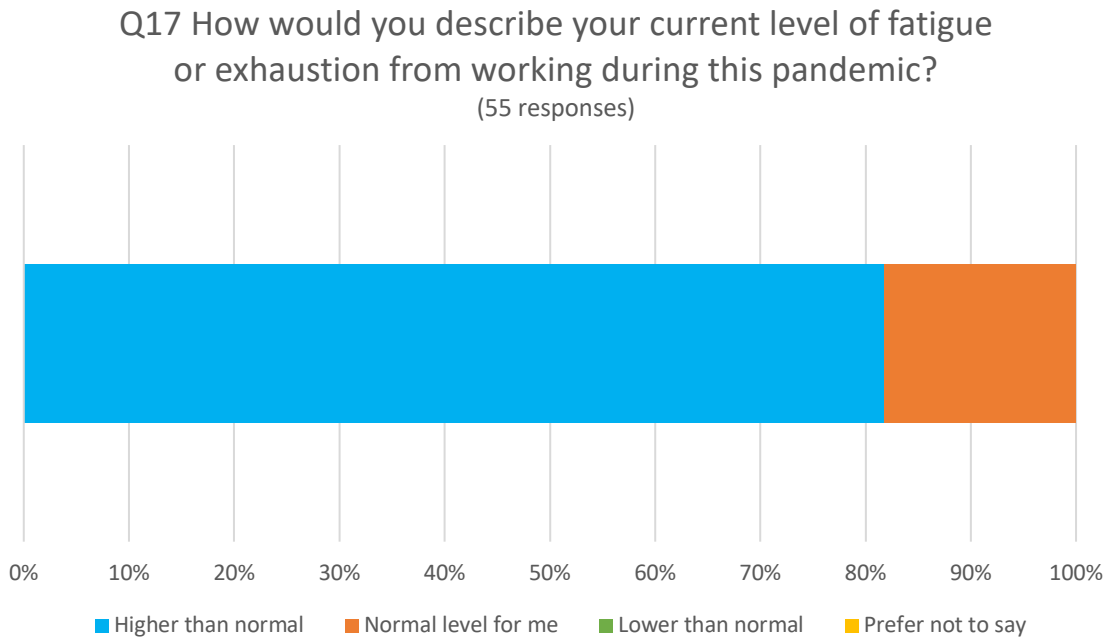


Fig 8: Comparison of fatigue levels specifically amongst registrar respondents to the survey.

Level of health and wellbeing

Almost half of respondents (48%) reported that their overall health and wellbeing was worse at the time of the survey than during the first wave of the pandemic, with 14% saying it was much worse. This was slightly higher amongst PHE respondents, with more than half (52%) stating that this was worse than during the initial phase.

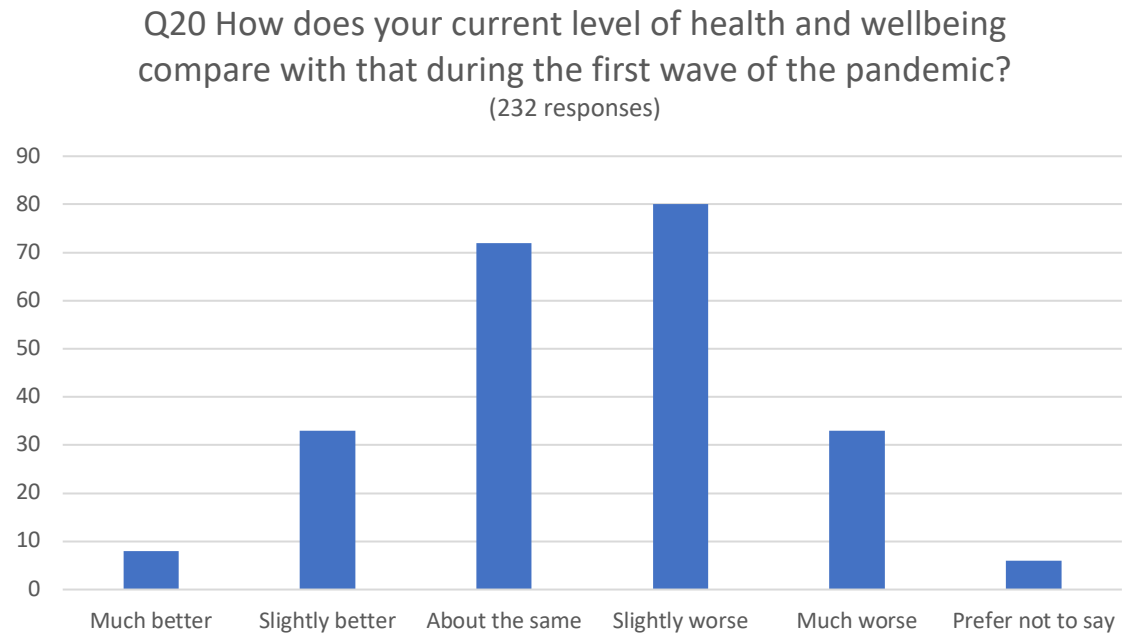


Fig 9: Comparison of levels of health and wellbeing across all survey respondents.

Over half of respondents (54%) reported that they were currently suffering from any of depression, anxiety, stress, burnout, emotional distress or other mental health condition relating to or made worse by work, and almost all of those stated that this was worse than at the start of the pandemic.

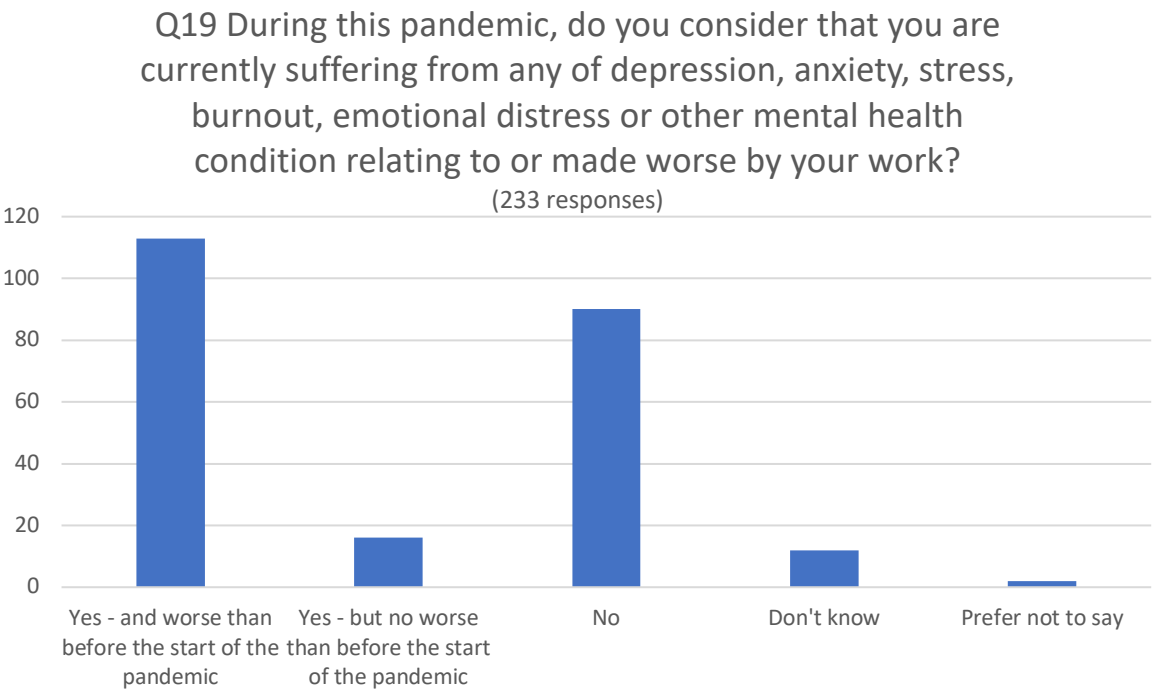


Fig 10: Comparison of the effect of pandemic work on mental health conditions suffered by respondents.

This was more pronounced in responses from the Devolved Nations, with 67% reporting a mental health condition, and the majority of those stating that it was worse than the start of the pandemic.

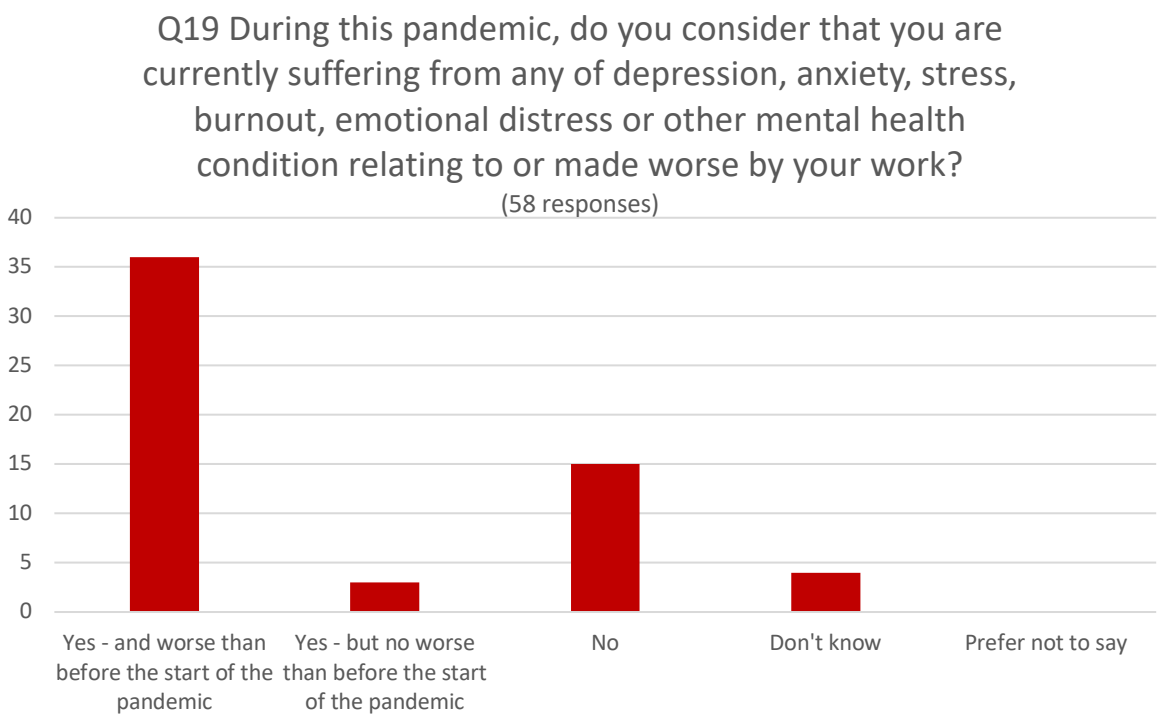


Fig 11: Comparison of the effect of pandemic work on mental health conditions suffered by survey respondents in Scotland, Wales and Northern Ireland.

Again, amongst registrars, the data is also more stark, with 67% reporting a mental health condition, and 56% suffering more than before the pandemic started.

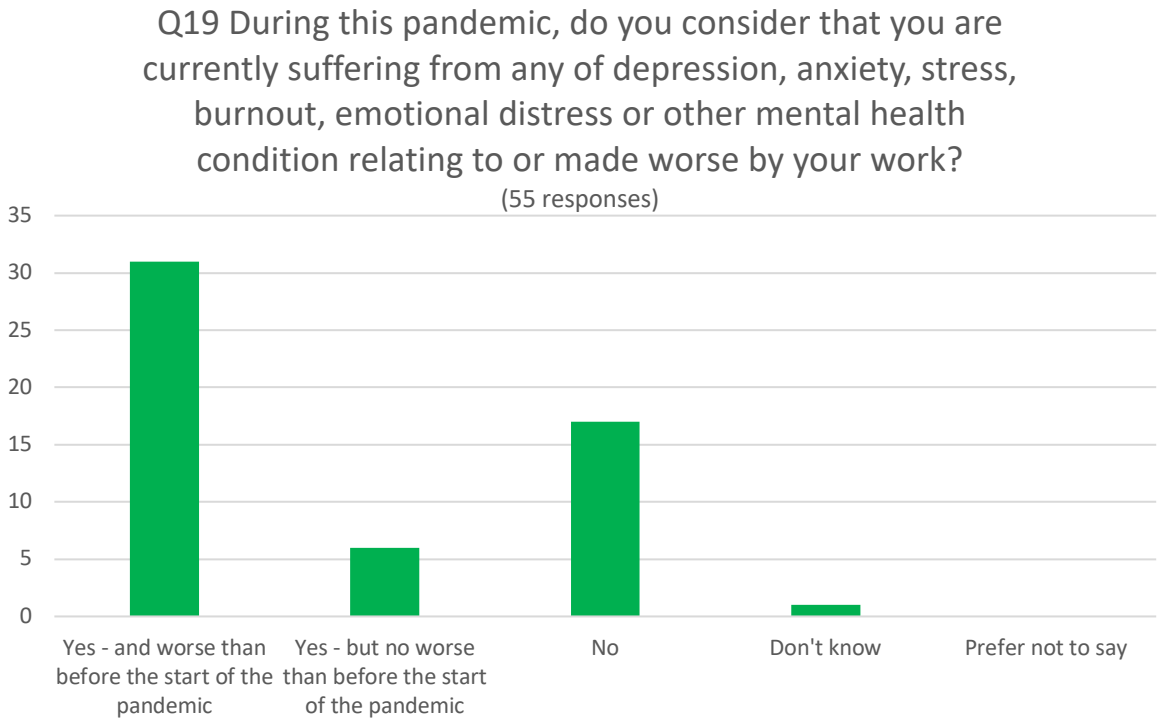


Fig 12: Comparison of the effect of pandemic work on mental health conditions suffered by registrars.

Working additional hours

More than four fifths (82%) of the overall respondents, across the system, reported having worked additional hours during the pandemic – with two thirds (67%) overall describing this as a regular occurrence.

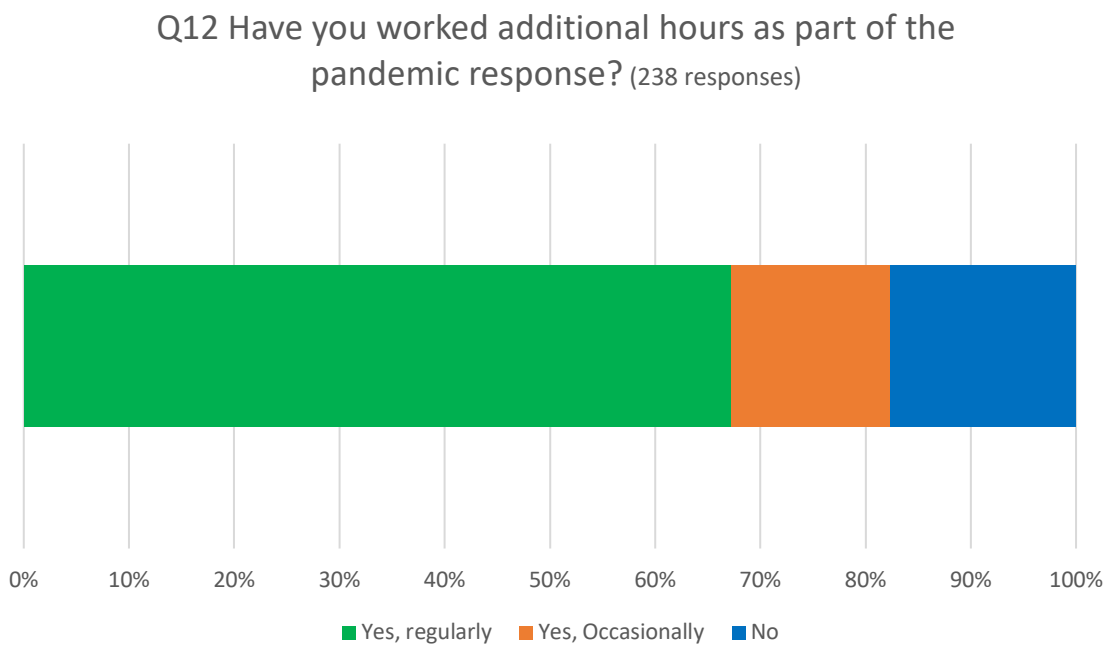


Fig 12: Comparison of the need to work additional hours during the pandemic across all survey respondents.

This increases when we look specifically at respondents from the Devolved Nations, where 96% reported having worked additional hours, 78% of those on a regular occasion.

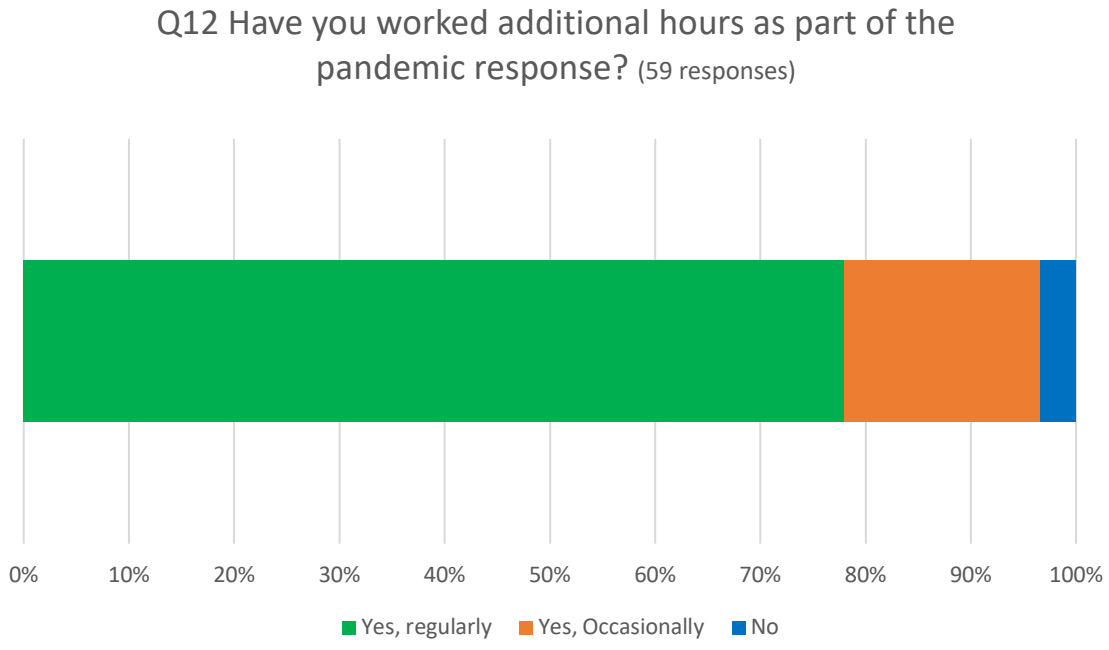


Fig 13: Comparison of the need to work additional hours during the pandemic across survey respondents in Scotland, Wales and Northern Ireland only.

88% of PHE respondents reported working additional hours, 74% on a regular basis.

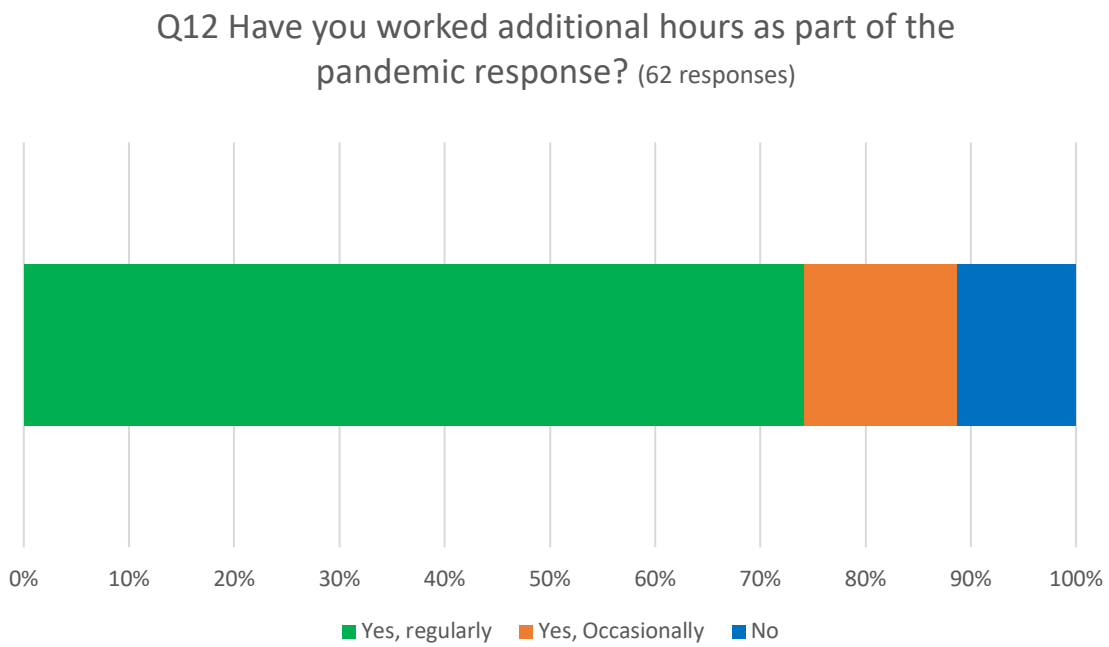


Fig 14: Comparison of the need to work additional hours during the pandemic across survey respondents within Public Health England.

Average number of additional hours worked

19% of the overall respondents reported working an average of more than 15 additional hours a week (effectively two whole days of additional work) – with over a third in total (35%) working an average of more than ten additional hours a week since the start of the pandemic.

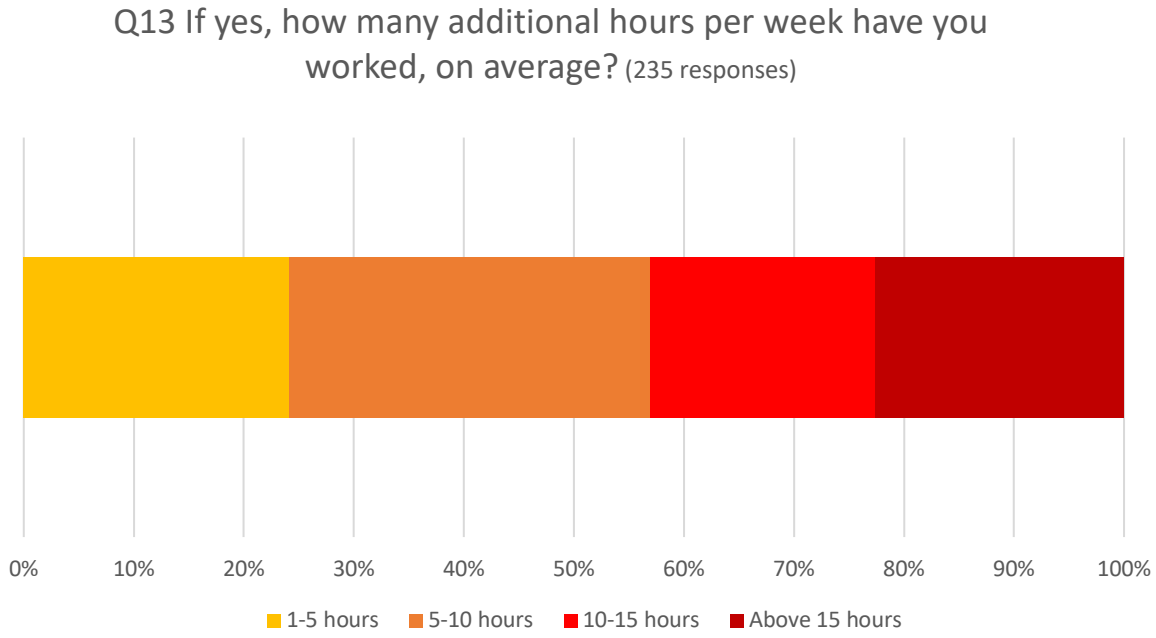


Fig 15: Comparison of the number of additional hours worked per week, on average, during the pandemic across all survey respondents.

The number working more than ten additional hours rises to 50% of respondents working in the Devolved Nations, however – with a quarter (26%) reporting that they have worked more than 15 additional hours a week on average.

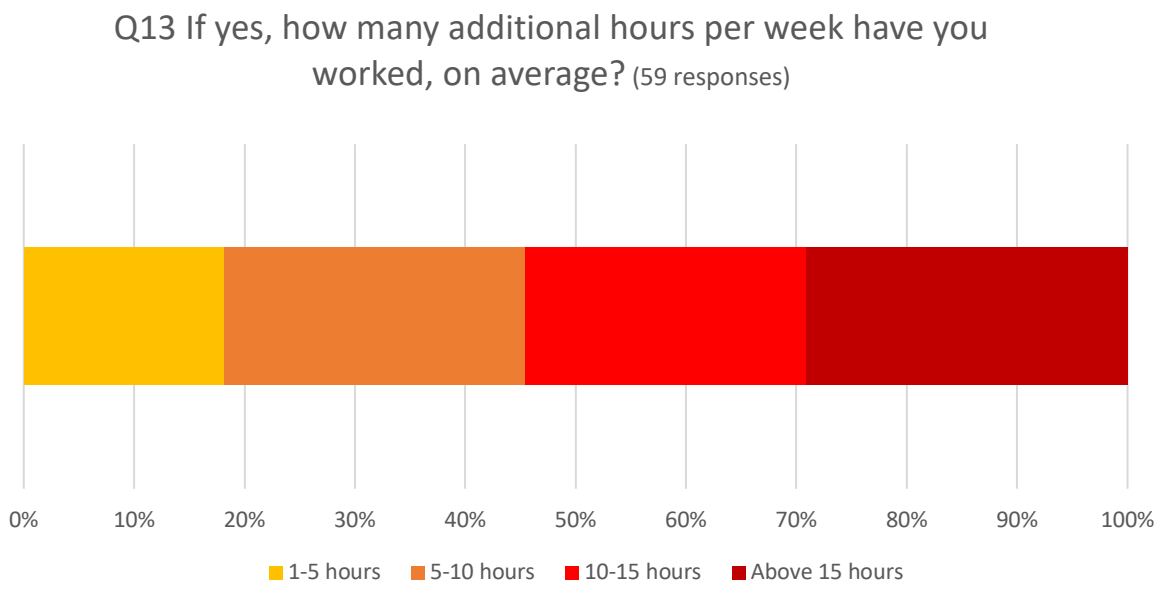


Fig 16: Comparison of the number of additional hours worked per week, on average, during the pandemic across survey respondents from Scotland, Wales and Northern Ireland only.

A quarter of Local Authority staff reported having worked ten or more additional hours a week on average, with more than one in ten (14%) working above fifteen additional hours.

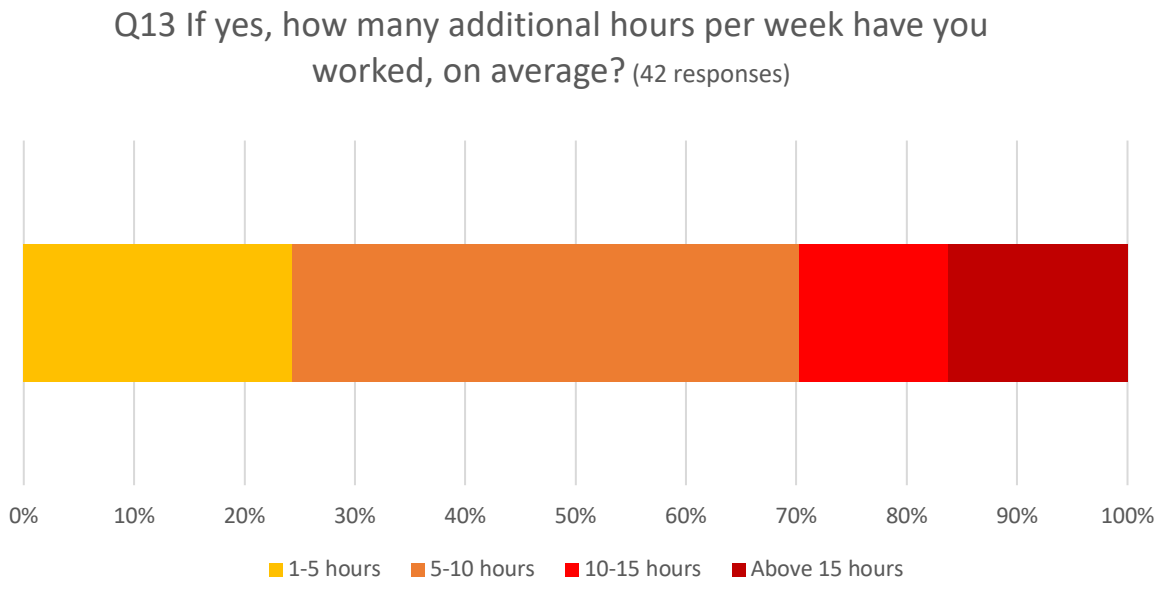


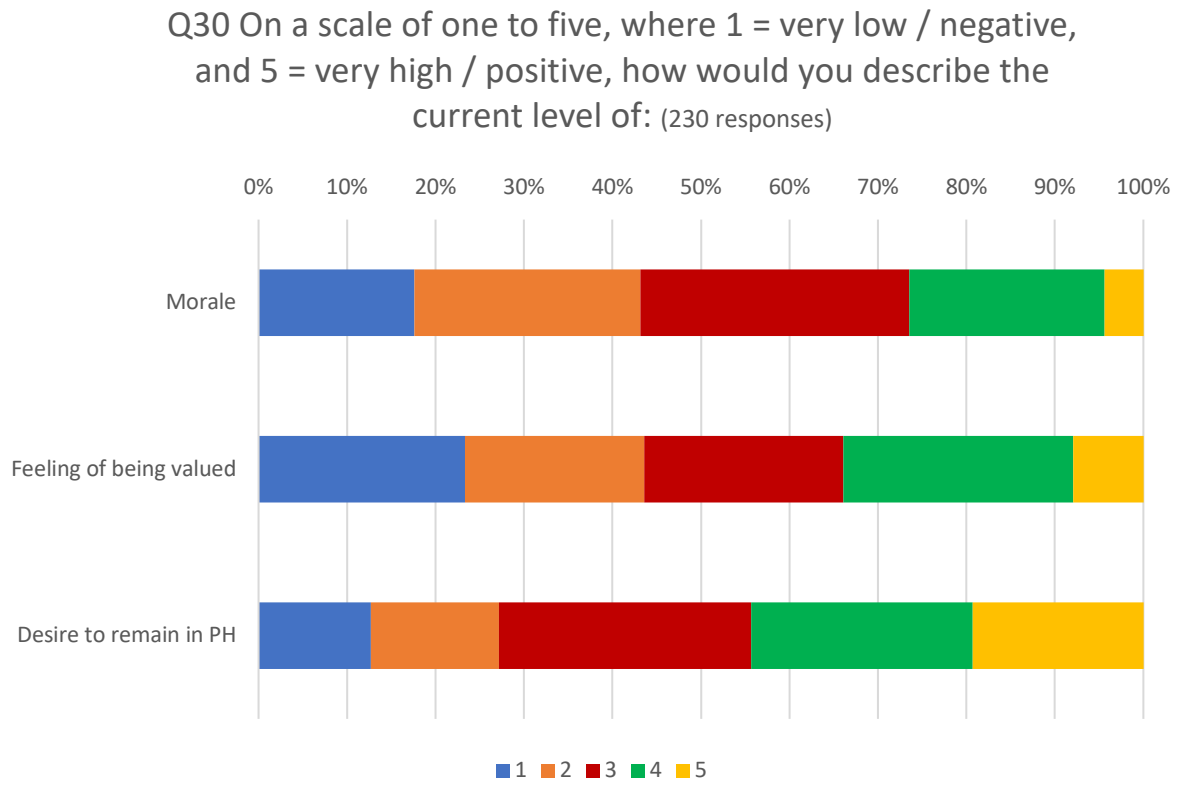
Fig 17: Comparison of the number of additional hours worked per week, on average, during the pandemic across survey respondents working in Local Authorities.

Morale

Here, we asked respondents to rate three things: their current morale, their feeling of being valued as a doctor and desire to remain working in public health.

A BMA survey of public health doctors in 2017 indicated that 30% of respondents described their morale as low or very low – 35% neither low or high and 35% either high or very high.

It is not surprising, given the levels of exhaustion and the lack of adequate respite, that morale levels are lower than suggested in 2017, with almost half (43%) of all respondents describing their morale as either low or very low. Again, almost half of respondents (43%) described the level they felt valued as a doctor as low or very low.



The full wording of the options to this question were: "Your morale;" "Your feeling of being valued as a doctor;" and "Your desire to remain working in Public Health during the next year."

Fig 18: Comparison of the levels of morale, feeling of value and desire to remain in Public Health across all survey respondents.

Morale in the Devolved Nations seems to have been impacted more severely, with almost two-thirds (61%) now reporting low or very low morale.

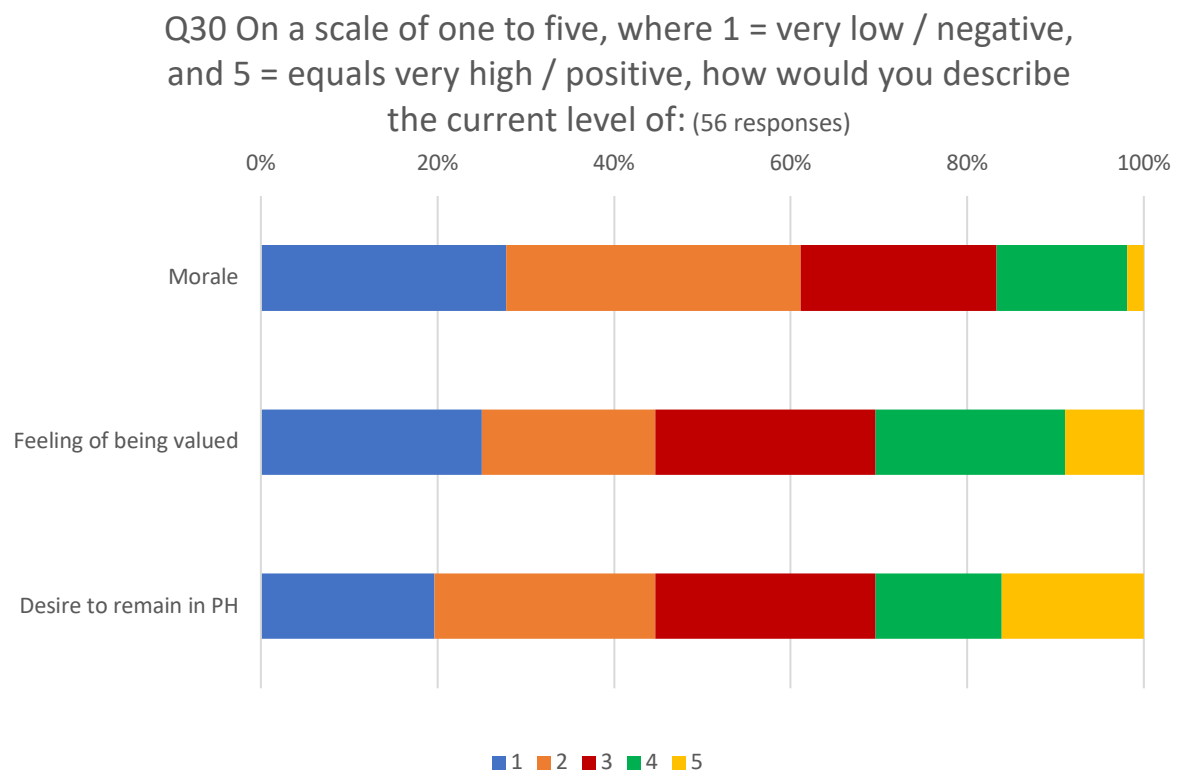


Fig 19: Comparison of the levels of morale, feeling of value and desire to remain in Public Health across survey respondents in Scotland, Wales and Northern Ireland only.

Almost half of PHE respondents (46%) described their morale level as low or very low, which is concerning, but again does not seem surprising, given the announcement of the reorganisation plans. Over half (53%) described the feeling of being valued as low or very low.

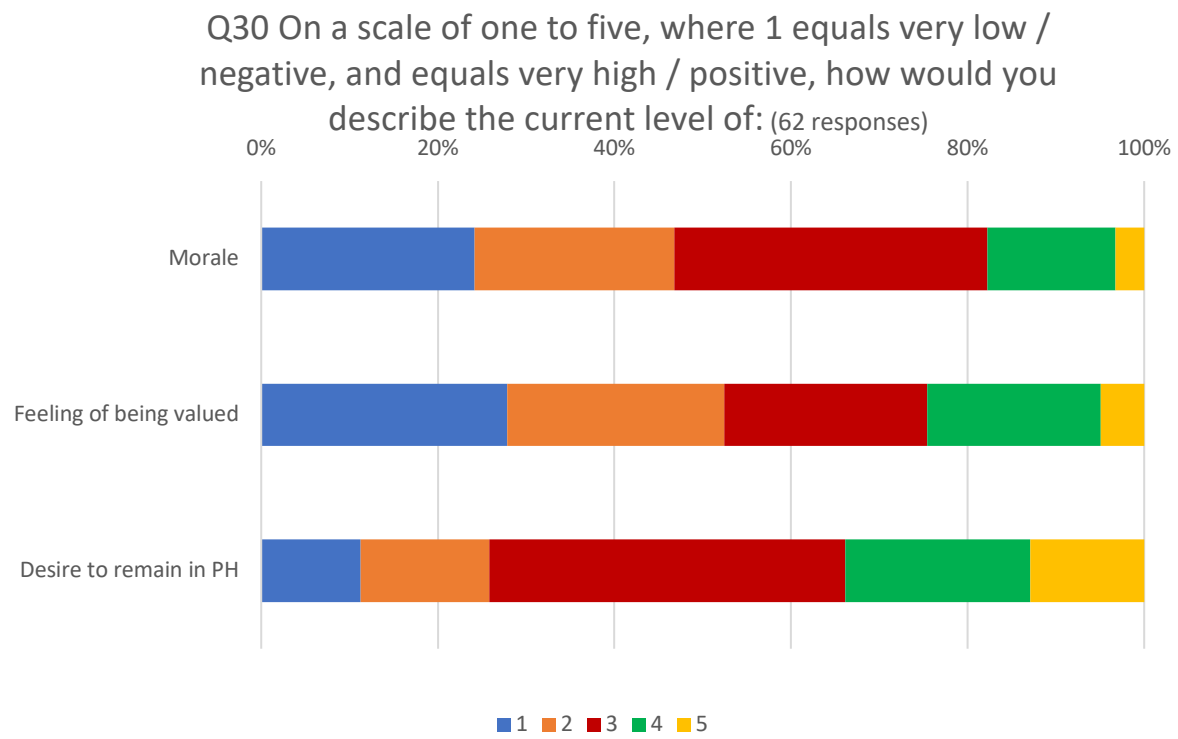


Fig 20: Comparison of the levels of morale, feeling of value and desire to remain in Public Health across survey respondents within Public Health England.

Future career intentions

Over a quarter (27%) of respondents said that they had a low or very low desire to continue working in public health, more than double the percentage giving those responses in the 2017 survey. This was also higher in the devolved nations at 35%.

The 2017 Public Health survey indicated at only around 12% of respondents planned to leave public health in the near future. This reflected an improvement compared with the attitudes in a BMA survey from 2014 which had shown that 59% of non-trainees had considered leaving the profession within the previous three years, while 42% of trainees had considered leaving their training.

When respondents of the 2020 survey were asked whether they had changed their career plans for the next year and intended to leave public health to work in another sector, it became clear that this had increased. A quarter (25%) of all respondents said that it was more likely that they would leave public health for another sector, in contrast to just 7% who said it was less likely that they would leave. Almost a quarter (24%) also reported that they were more likely to take early retirement. 44% wanted to work fewer hours and 25% wanted a career break.

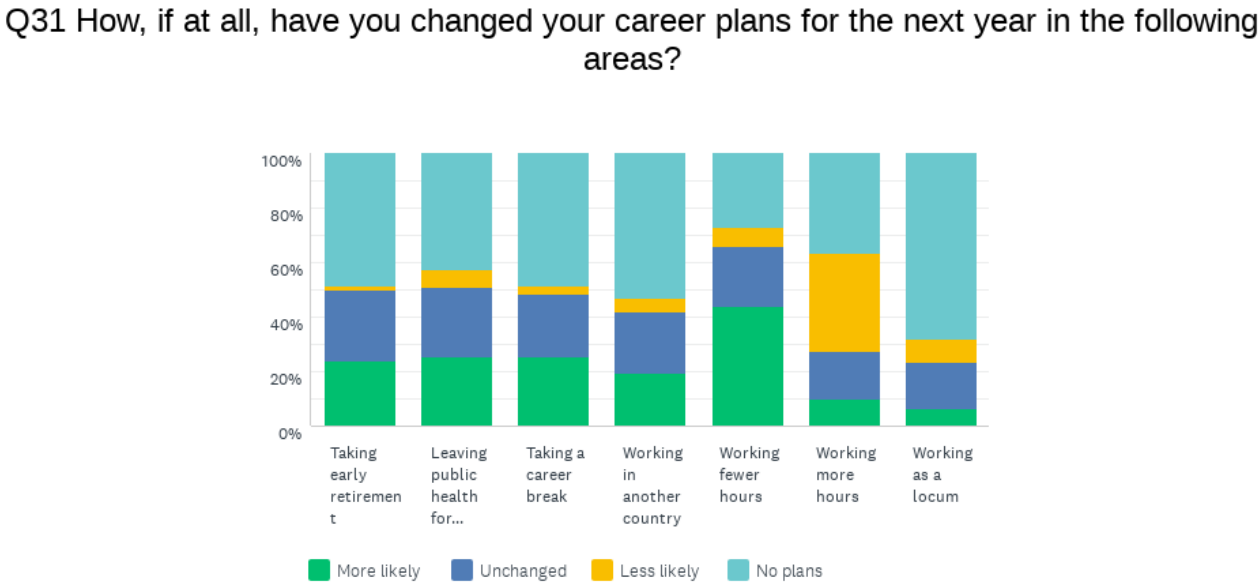


Fig 21: Comparison of future career intentions across all survey respondents.

This intention is more pronounced when looking just at responses from the Devolved Nations, with a third (34%) indicating that they were more likely to move away from public health and almost half wanting fewer hours (49%).

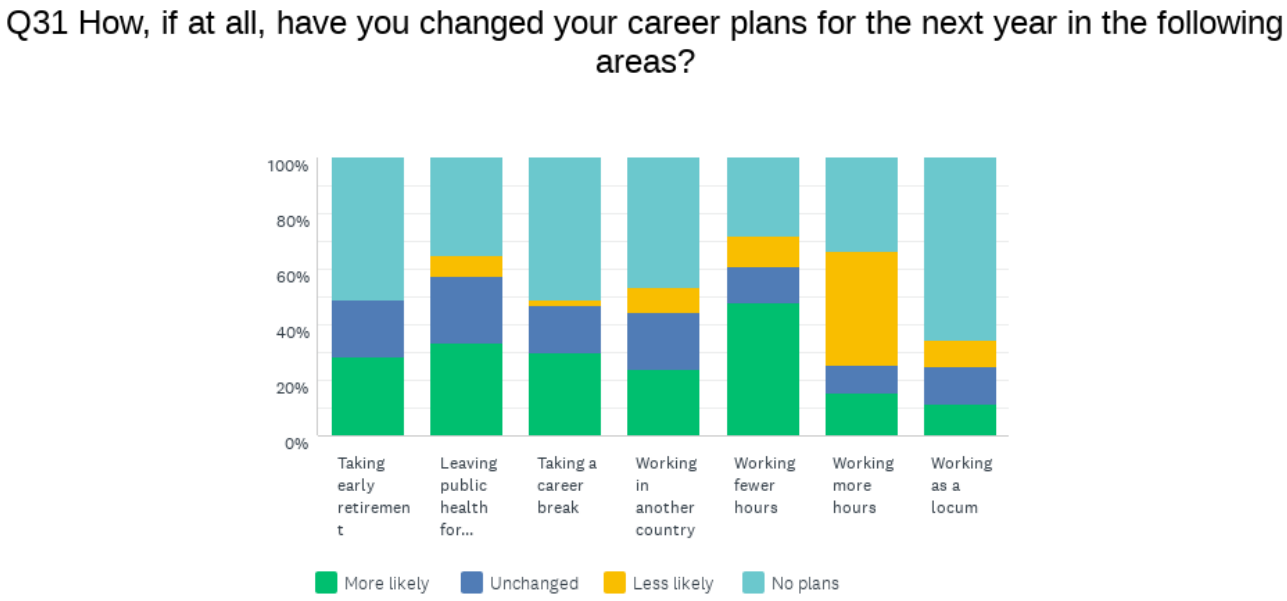


Fig 22: Comparison of future career intentions across survey respondents from Scotland, Wales and Northern Ireland only.

However, perhaps more worrying is the slight increase in the number of registrars responding that they were more likely to move away from public health (28%) – which would suggest that the current staffing and workforce issues could be exacerbated in future, if fewer trainees remained in the profession. Furthermore, almost half (46%) wanted to work fewer hours and more than a third (36%) wanted to take a career break.

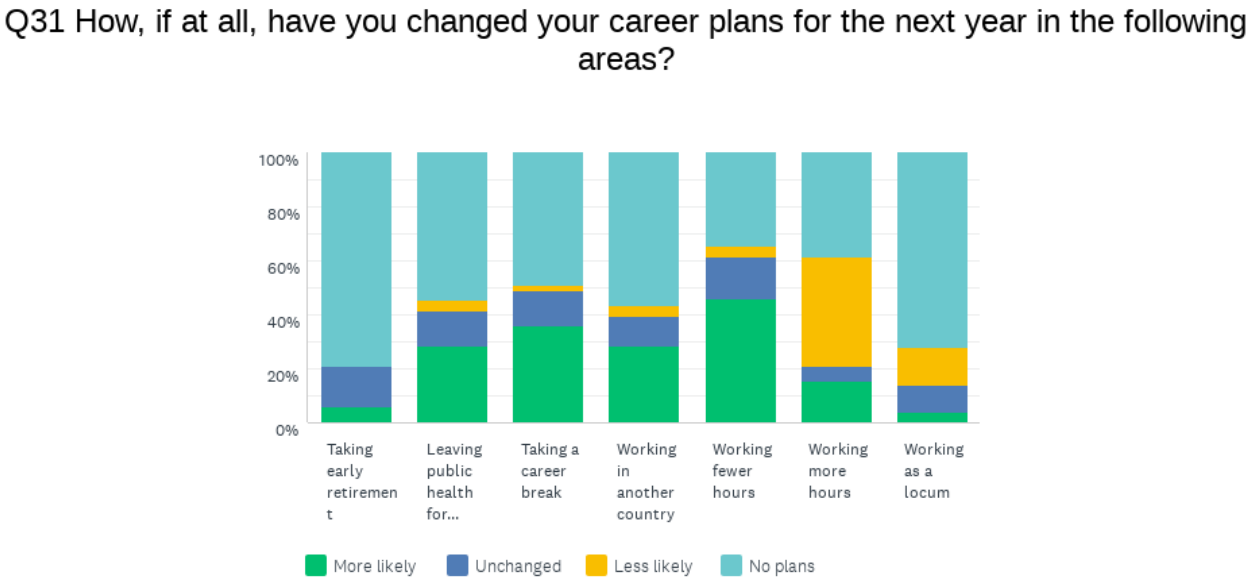


Fig 23: Comparison of future career intentions across registrar survey respondents only.

4. Structural support: contracts, job plan, time off, managerial and professional support

Summary findings

Contractual provision is fragmented:
More than a quarter of respondents (28%) had no contractual provision for remuneration or time off if additional work was undertaken. 10% had contracts which allowed for additional basic pay if additional hours were worked, just over one third (37%) included provision for overtime pay and almost half (42%) for Time off in Lieu. Some of the free text responses also indicated that there were options available at the start of the pandemic which were later withdrawn.

Recognition for additional work done was inconsistent and limited
A quarter of respondents (25%) did not get paid for additional hours worked or received time off in lieu. This figure rose to 32% when the "not applicable" responses were removed.

Almost half (45%) of respondents were not able to take as much break as they wanted to during the first wave and 5% were not allowed to take a break or had to cancel.

A planned approach to the increased workload was not apparent
More than half of respondents (57%) reported that their job plan did not reflect their increased COVID workload. When asked about a job plan or equivalent in the preceding year, half of respondents (51%) had not had a review, just over a quarter (27%) had a professional management review but only 5% as part of the COVID response.

Support was not aligned to the crisis
The vast majority of respondents had not asked for support around their health and wellbeing, with fewer than one fifth (17%) of all those surveyed reporting that they had looked for support.

Over two thirds of respondents had conversations with their line managers about increased workload Worryingly, a few respondents (7%) did not feel able to have these conversations. Over half (54%) of the conversations with line managers related to the effect of increased workloads on mental health, with more than a third (38%) on TOIL and 18% on pay. However, the responses indicated that **only 46% of these conversations were then actioned by managers.**

Only 12% of respondents had spoken to their appraiser about increased workload, with many citing the removal of appraisal as the reason. This seems unfortunate as an appraiser can be a valuable source of peer support and professional advice. Just over half (57%) planned to raise workload at their next appraisal.

Pay and contracts

Over a quarter of respondents (28%) reported that they had no contractual provision for remuneration, or time off in lieu, should additional work be undertaken.

Only 10% reported having contracts which allowed for further basic pay if additional hours were worked, with over one third (37%) having provision for overtime pay and almost half (42%) having provision for Time off in Lieu.

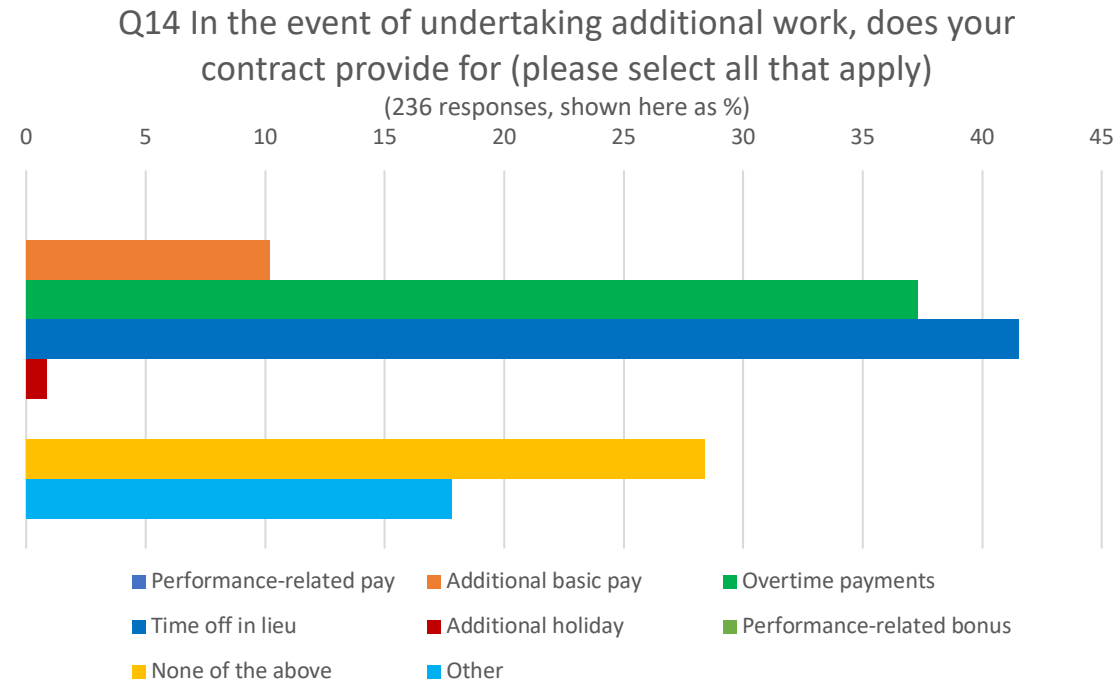


Fig 24: Comparison of contractual provisions in the event of additional hours being worked across all survey respondents.

However, this provision was clearly uneven across all employers with a range of responses within each group of respondents. Some of the free text responses also indicated that there had been some options available at the start of the pandemic that had later been withdrawn.

Q15 asked whether people had been paid for any additional hours worked, with a quarter (25%) reporting that they had received neither pay nor time off in lieu.

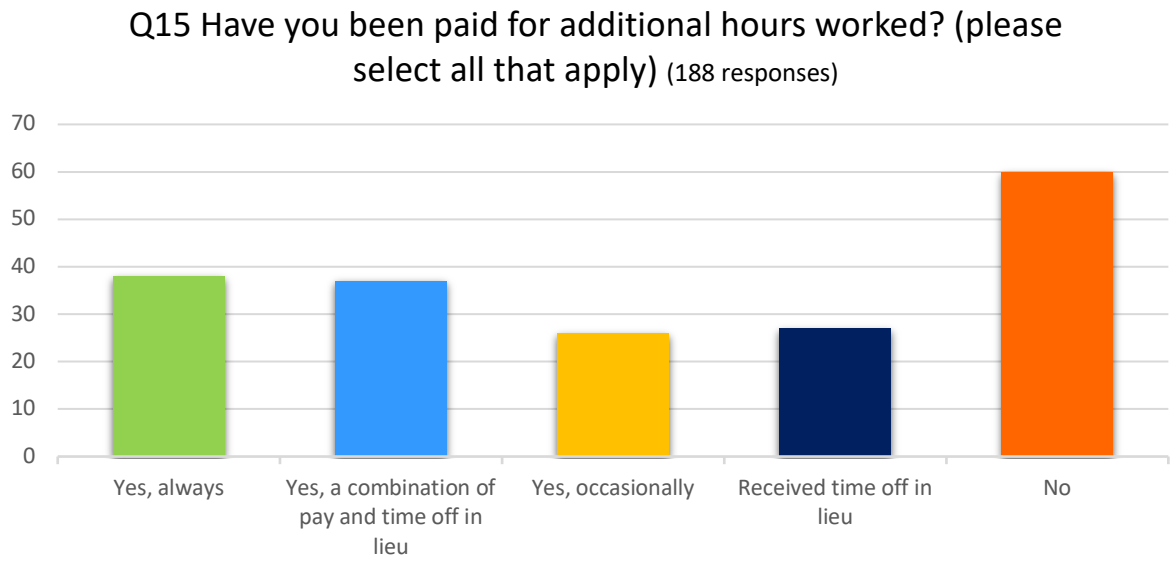


Fig 25: Comparison of remuneration or Time off in Lieu received for additional hours worked across all survey respondents.

Pay increases

Q8 asked respondents whether they had received a pay rise in or from April 2020. The initial survey data showed that a third (33%) of respondents reported receiving a pay rise in April 2020, but almost as many – 30% did not know whether they had received one.

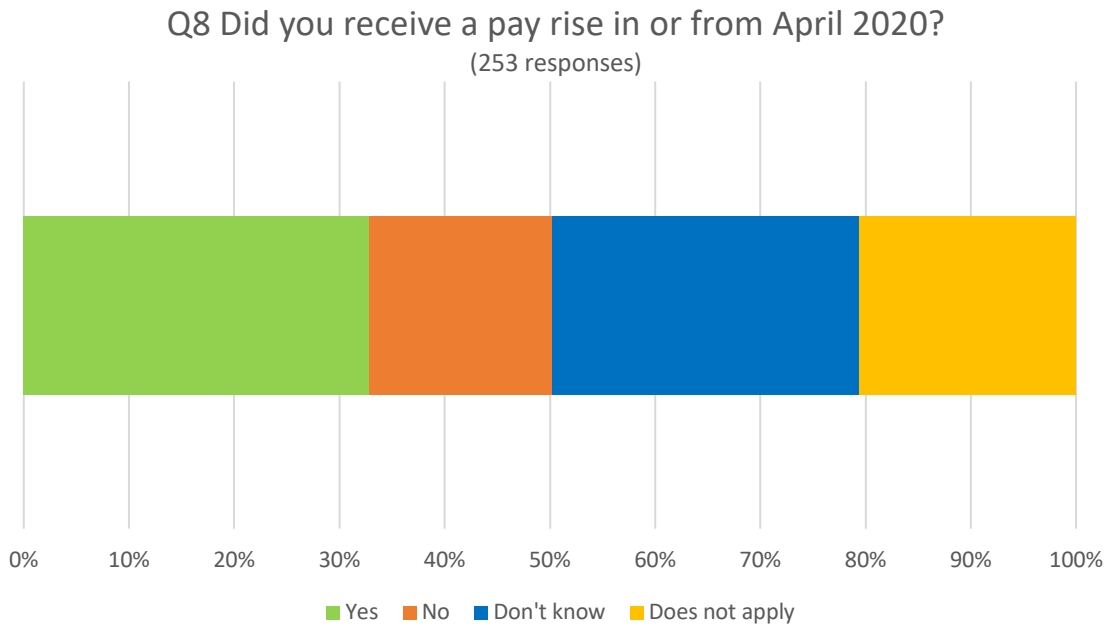


Fig 26: Comparison of pay rises received across all survey respondents.

Responses from registrars showed a small increase in the number not receiving a pay rise, with around a third (34%) reporting that they had not had one, while 37% did not know. 44% of Consultants reported receiving a pay rise, however.

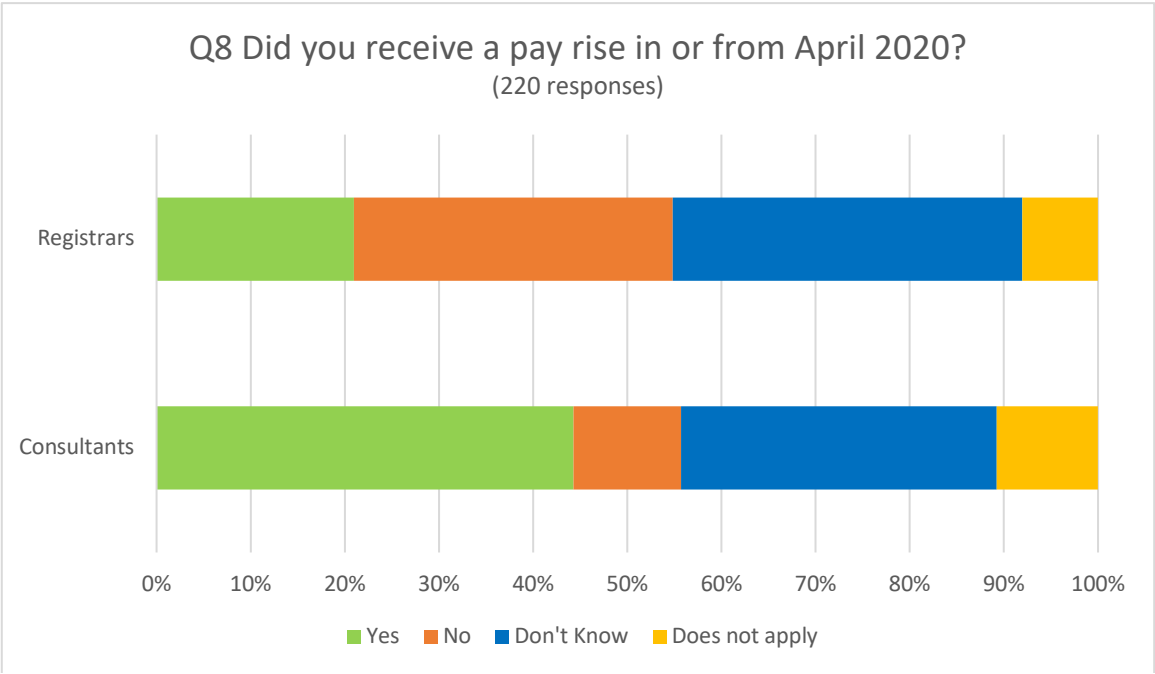


Fig 27: Comparison of pay rises received across registrar and consultant survey respondents only.

While again there was no indication that lack of pay rises was specific to any individual employers, there did appear to be a clear difference in the number of men and women who reported receiving pay rises, with nearly 40% of men (38%), compared to only just over a quarter of women reporting that they had (29%).

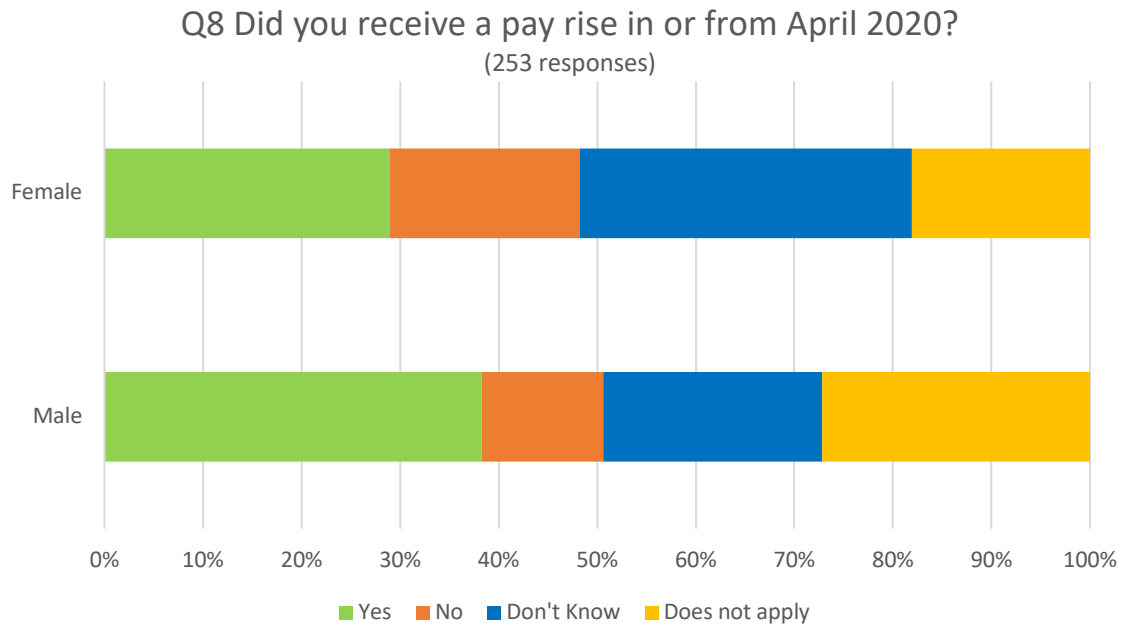


Fig 28: Comparison of gender split in pay rises received across all survey respondents.

These sizes of difference was not reflected when the responses were analysed according to other variant, such as employer or geographical location. There are smaller differences (less than 10%) in some analyses, but when looking at the whole UK data set a difference of more than 10% was apparent. We consider that this difference was particularly significant as the survey was completed by twice as many women than men (65% women, 33% men, as seen in fig 1).

Job planning

Over half (57%) of respondents' job plans (or equivalents for other grades of doctor) did not reflect their increased COVID workload.

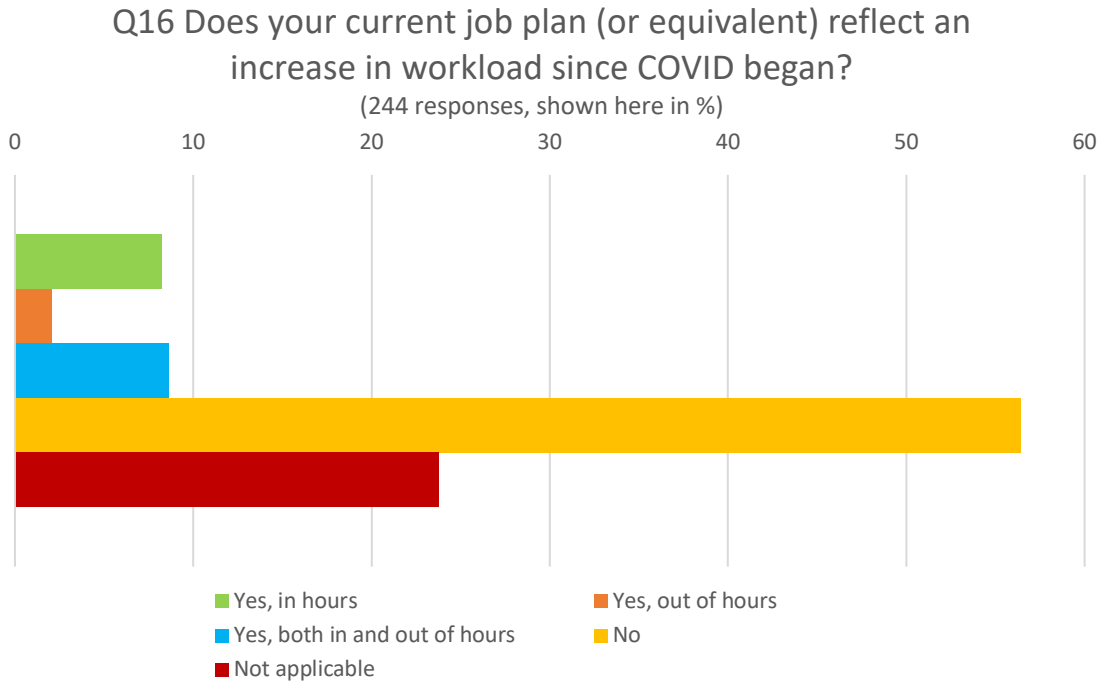


Fig 29: Comparison of the reflection of increased workloads since the pandemic began in all survey respondents job plans.

When asked about job plan or equivalent in the preceding year over a quarter (27%) had a professional management review, but only 5% reported that this was as part of the pandemic response. Half (51%) had not had a review in the last year. It was not clear whether the higher number of “not applicable” answers were because their workload had not increased or because those respondents did not have a job plan.

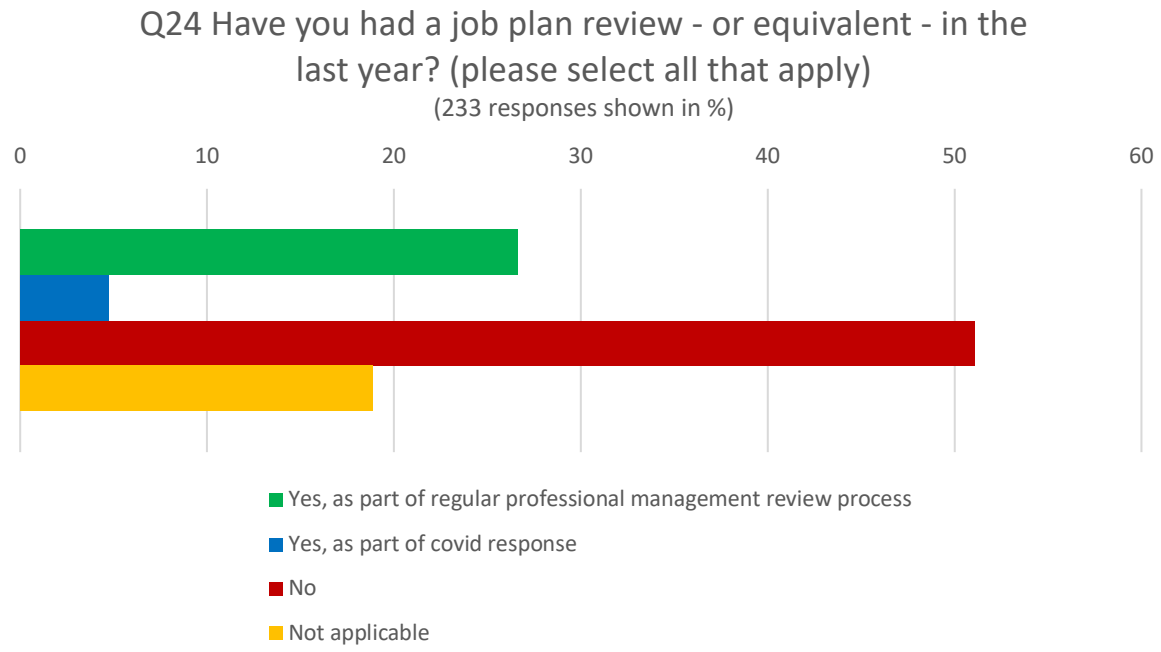


Fig 30: Comparison of frequency of job plan reviews across all survey respondents.

Taking a break

Almost half (45%) of the respondents had not been able to take as much of a break as they wanted to during the first wave, while 5% had not been allowed to take a break or had to cancel planned leave.

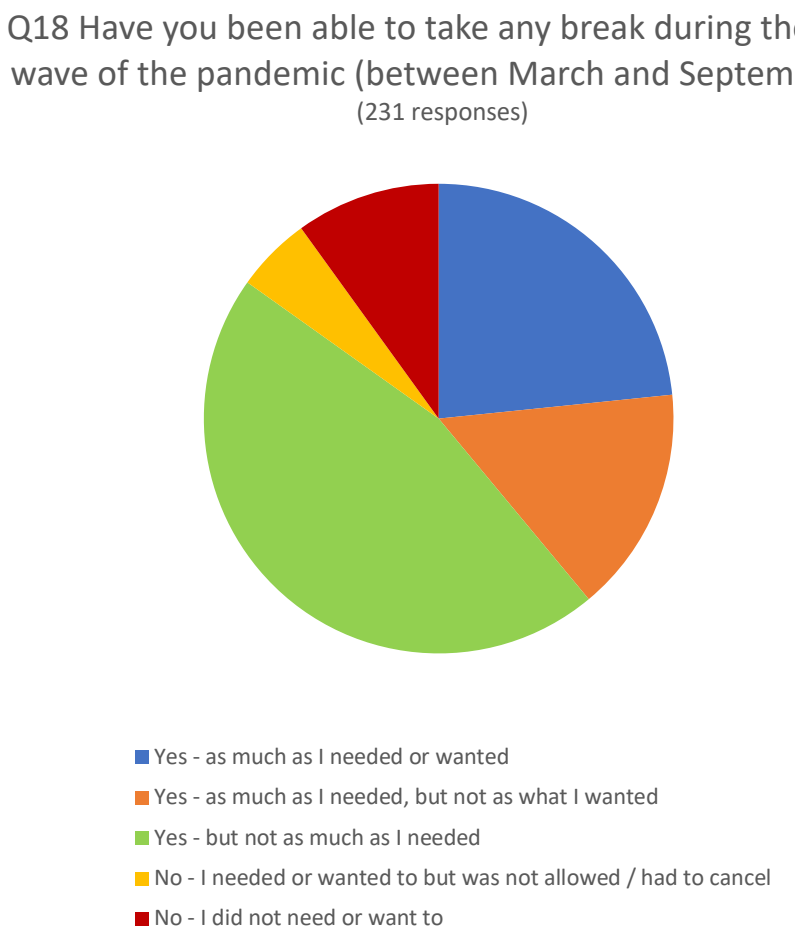


Fig 31: Comparison of ability to take a break from work across all survey respondents.

Conversations with line managers

Over two thirds (67%) of respondents had conversations with their line managers about increased workload. Worryingly, 7% did not feel able to have these conversations.

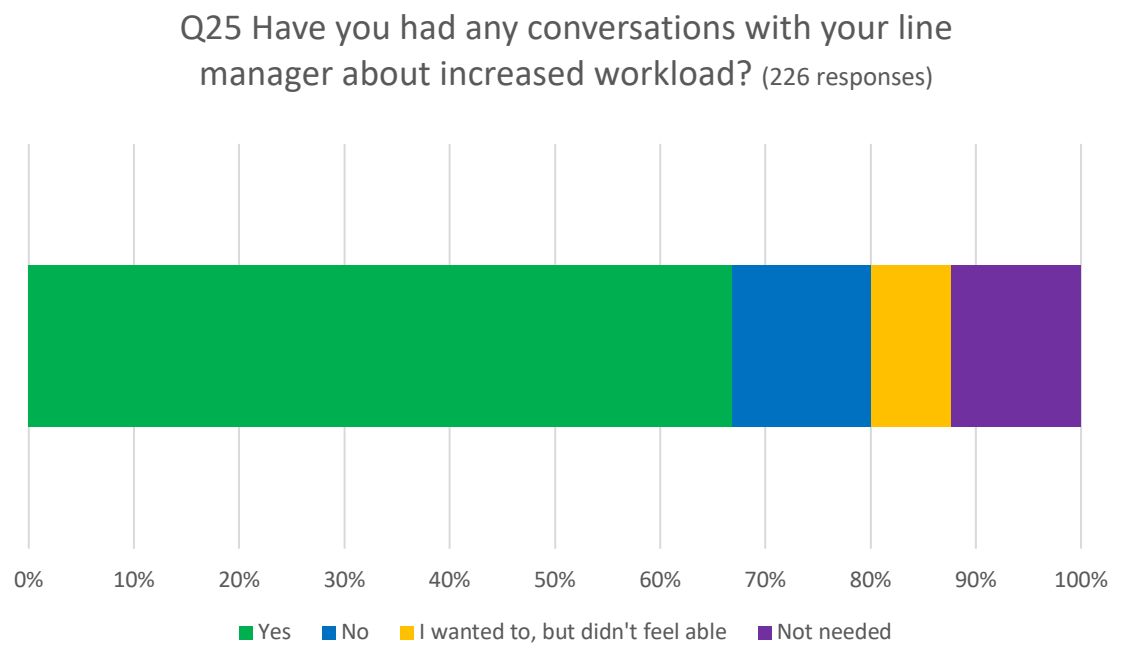


Fig 32: Comparison of contact with line managers about increased workloads across all survey respondents.

Almost half (43%) of those conversations related to the impact of increased workload on health and wellbeing, with more than a quarter (30%) on Time off in Lieu and 14% on pay. These latter might suggest that neither pay nor time off in lieu were available automatically but had to be specifically requested.

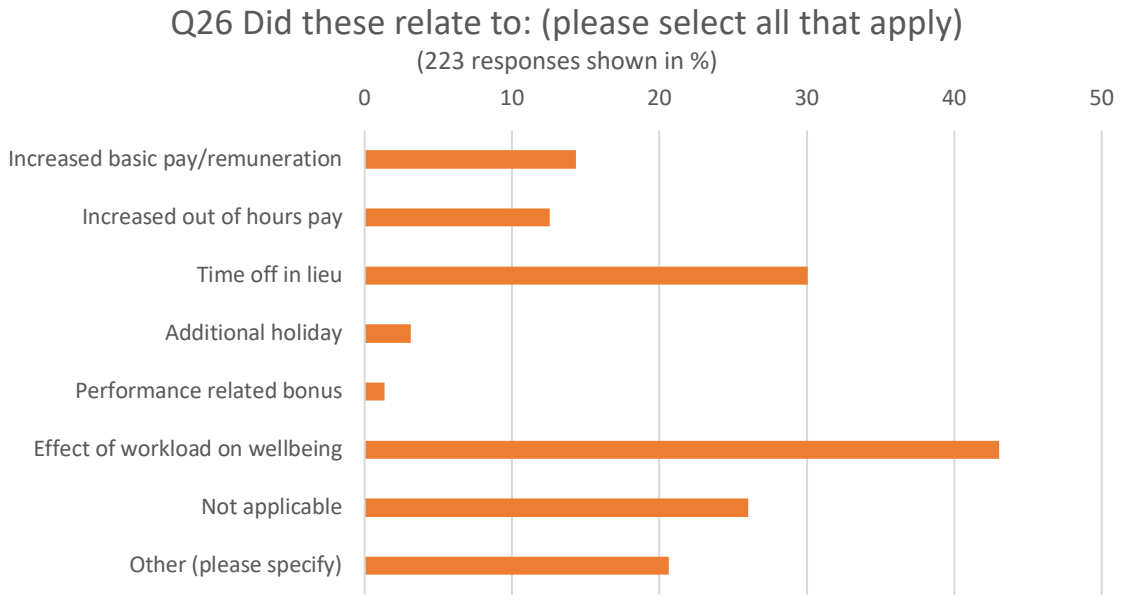


Fig 33: Comparison of issues raised with line managers during the pandemic across all survey respondents.

Support for mental health and wellbeing

The vast majority of respondents had not asked for support around their health and wellbeing, with just fewer than a fifth (17%) of those surveyed reporting that they had looked for support.

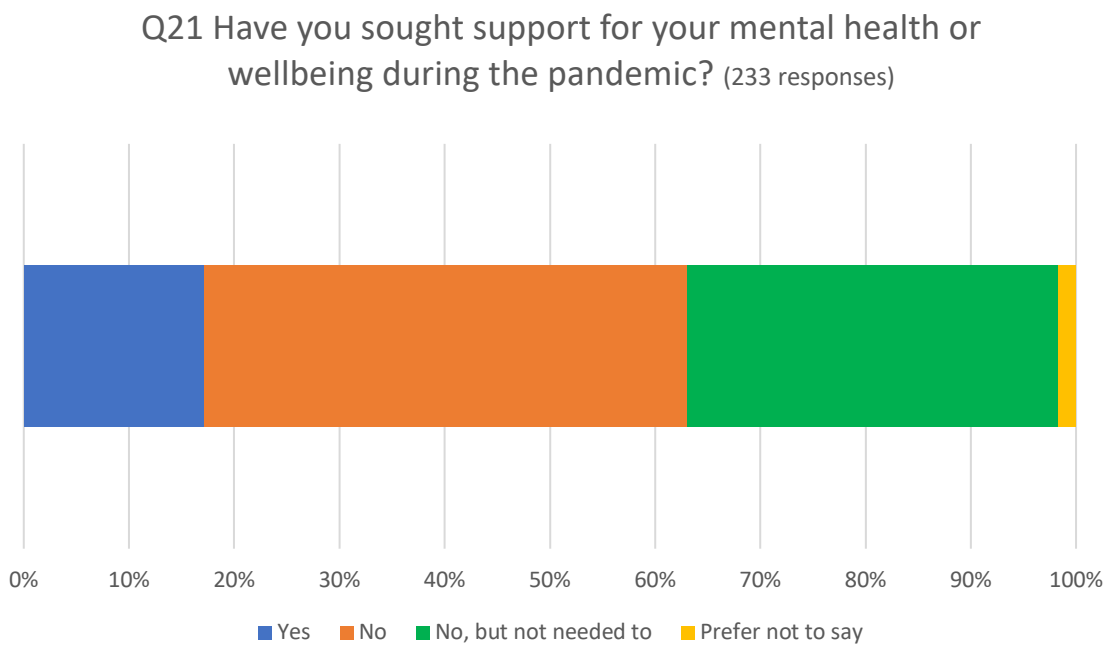


Fig 34: Comparison of the need to request wellbeing support across all survey respondents.

Fewer than one third of respondents (31%) reported that their manager had subsequently undertaken to pursue concerns raised:

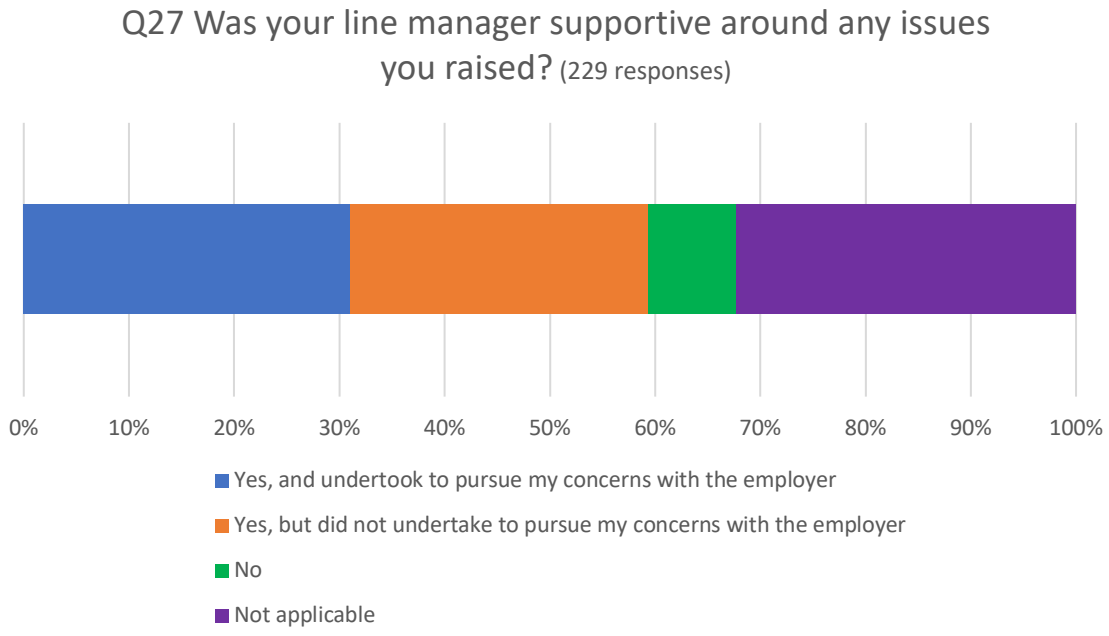


Fig 35: Comparison of line manager support around issues raised across all survey respondents.

Conversations with appraisers

Only 12% of those surveyed had spoken to their appraiser about increased workload, with many citing the removal of appraisal as the reason. This is unfortunate as an appraiser can be a valuable source of peer support and professional advice.

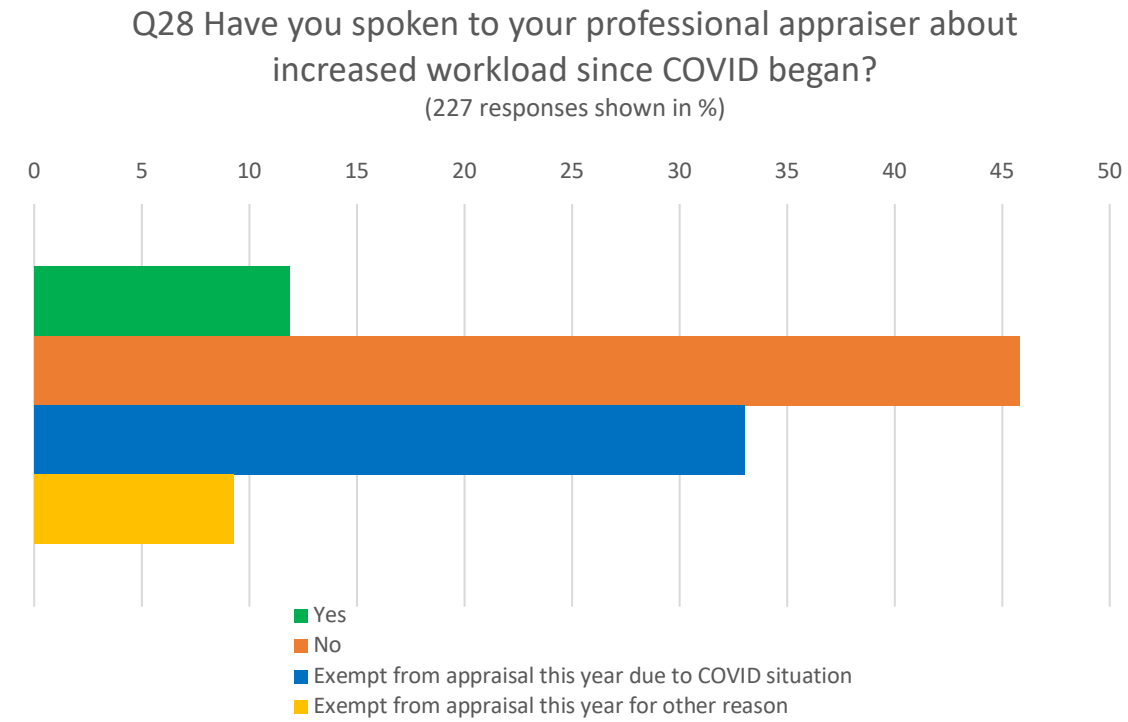


Fig 36: Comparison of contact with professional appraisers about increased workloads across all survey respondents.

Just over half (57%) reported that they planned to raise it at their next appraisal.

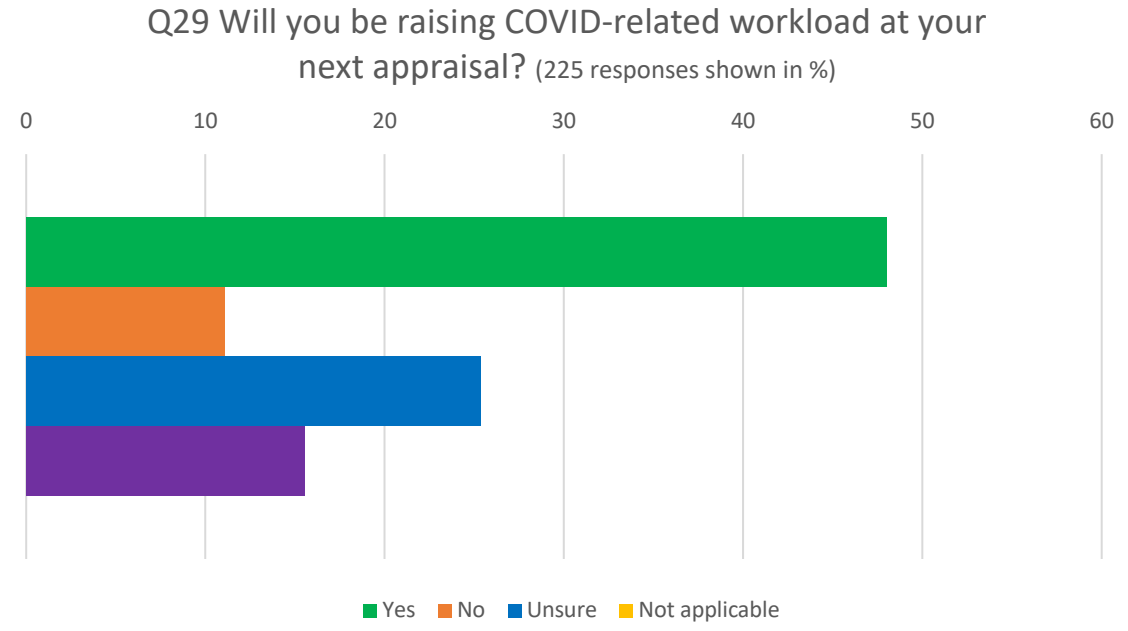


Fig 37: Comparison of intentions to raise COVID-related workload issues at forthcoming appraisals across all survey respondents.

5. Views on the reorganisation of Public Health England

One section of the survey asked a short series of questions around respondents' attitudes to the reorganisation of Public Health England (PHE) and the creation of what was then called the National Institute for Health Protection (NIHP), and eventually became the UK Health Security Agency (UKHSA) and the Office of Health Improvement and Disparities (OHID).

We wanted to know specifically how they thought the changes would affect the public health response to the current – and future – pandemics, as well as work in the other domains of public health.

We also asked for their views on the level they felt able to contribute to the process and the independence of the future organisation.

Summary findings

- **42% of the respondents** had a negative view of the effect of the reorganisation on the response to the *current* pandemic rising to 55% among PHE staff.
- On future responses to pandemics, almost half were uncertain what the change would mean, although the responses suggest that **40%** were yet to be convinced that there will be an improvement.
- **63% of the respondents** indicated that the reorganisation would have a negative effect on the system's ability to respond to other public health issues, rising to **81%** among PHE staff.
- **61% of the respondents** had no confidence in their ability to contribute to the development of the new public health system, despite reassurances being given that PHE staff were being involved in the process. The negative feeling was even more pronounced in the responses from PHE staff at **71%.**
- **Nearly three-quarters (72%) of the respondents** did not have confidence that the NIHP could be an independent body, and therefore be able to speak truth to power. **This rose to 85% if in PHE.**

Effect on pandemic responses

The responses to Q33 showed that 42% of respondents had a negative view of the affect the reorganisation would have on the response to the current pandemic. Over half (55%) of PHE staff who completed the survey considered that the reorganisation would worsen the response.

For future pandemic response, views were more cautious: almost half were uncertain what the change would mean, although the responses suggest that 40% were yet to be convinced that there would be an improvement.

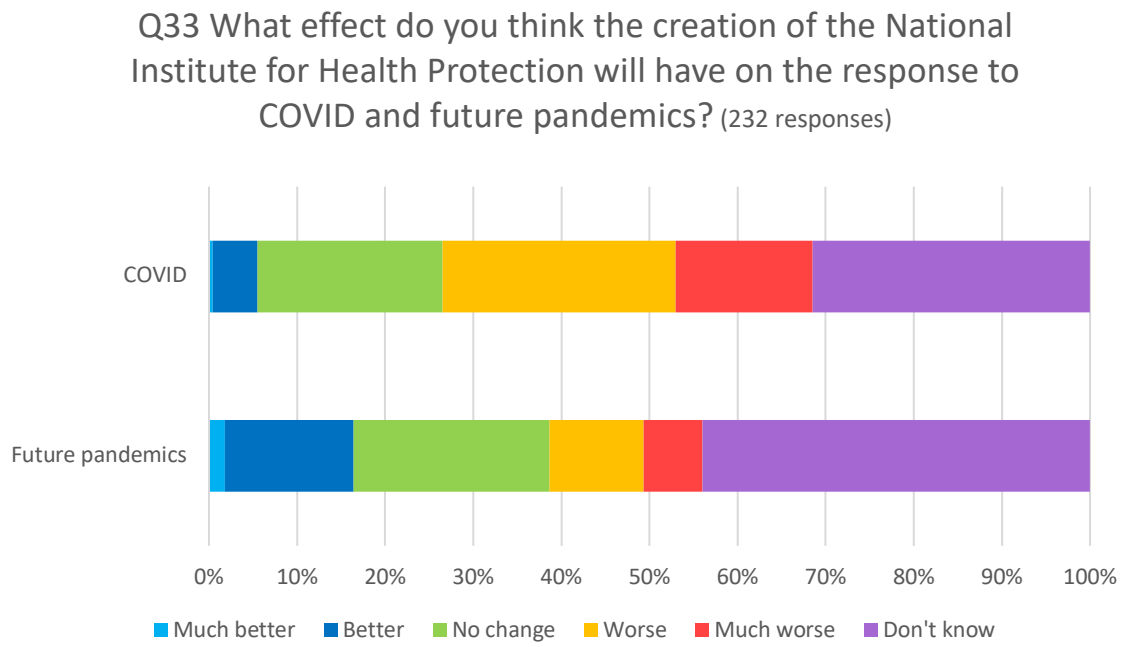


Fig 38: Comparison of views on the affect of PH reorganisation across all survey respondents.

PHE staff responses:

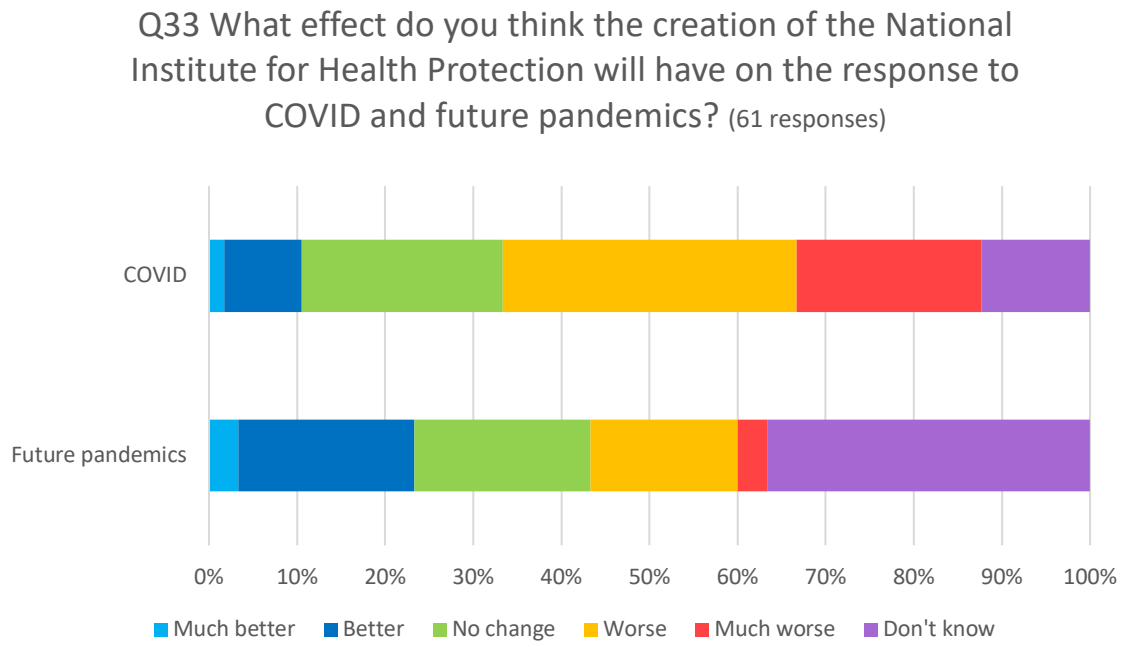


Fig 38: Comparison of views on the affect of PH reorganisation amongst Public Health England respondents.

Public health areas away from pandemic responses

More worryingly, 63% of the respondents indicated that the reorganisation would have a negative effect on the system's ability to respond to other public health issues, and the response from PHE staff was even more negative, with 81% considering that it would have a negative effect.

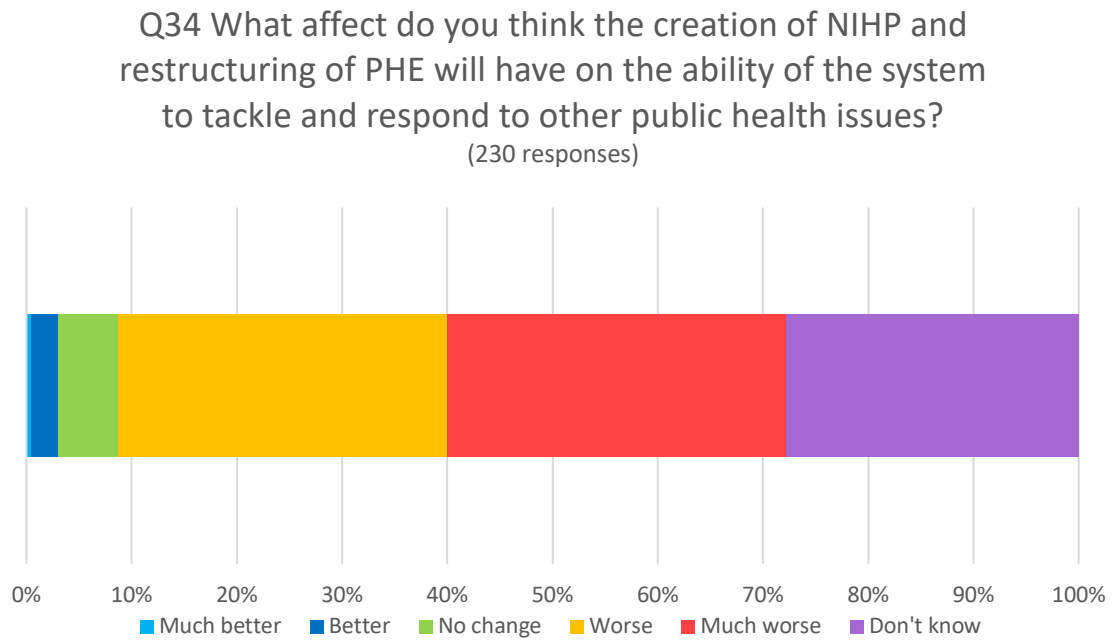


Fig 39: Comparison of views on the effect of the restructure on the PH system's ability to respond to other PH issues across all survey respondents.

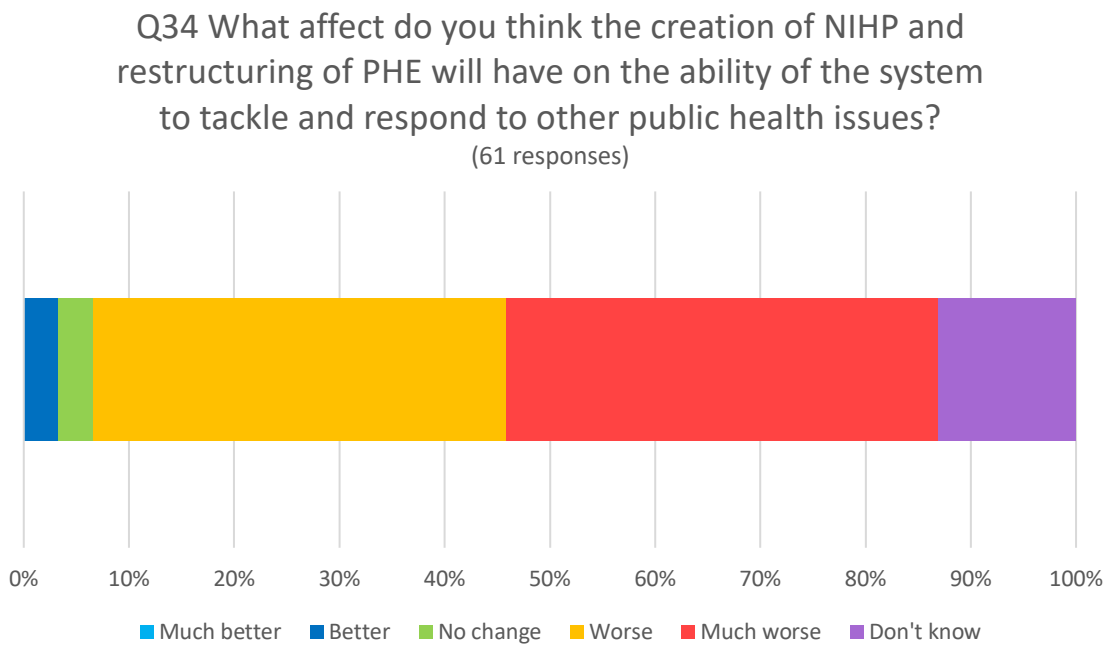


Fig 40: Comparison of views on the effect of the restructure on the PH system's ability to respond to other PH issues amongst Public Health England respondents.

Ability to contribute to the process

With all this in mind it is, therefore, perhaps unsurprising but still of significant concern that well over half (61%) of respondents do not have any confidence in their ability to contribute to the development of the new Public Health system.

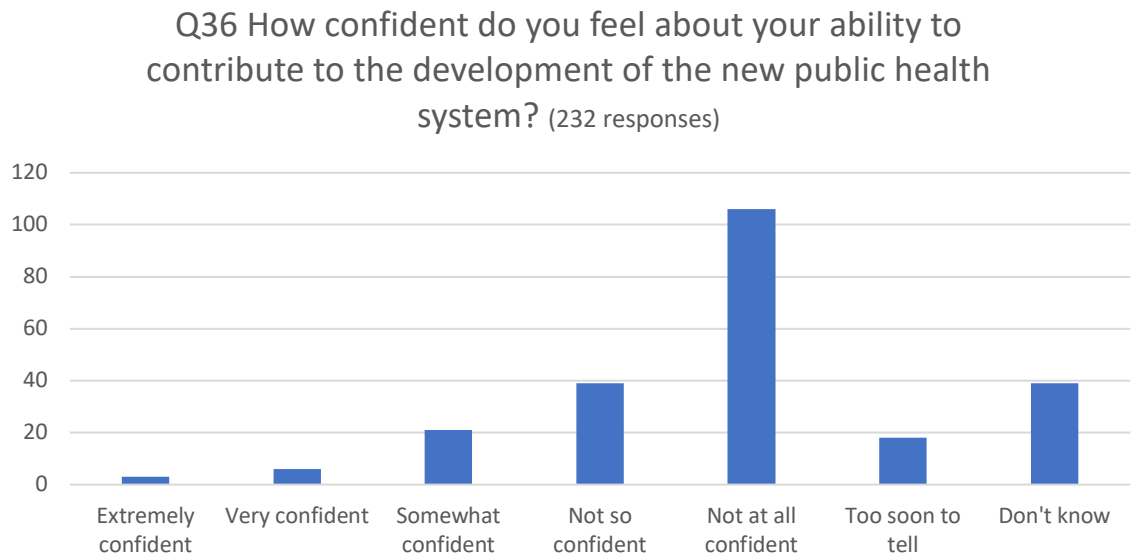


Fig 41: Comparison of views on individuals' ability to contribute to the development of a PH new system across all survey respondents.

Despite the reassurances being given that PHE staff were being involved in the process, the negative feeling was even more pronounced in the responses from PHE staff, with 71% saying they were not at all confident.

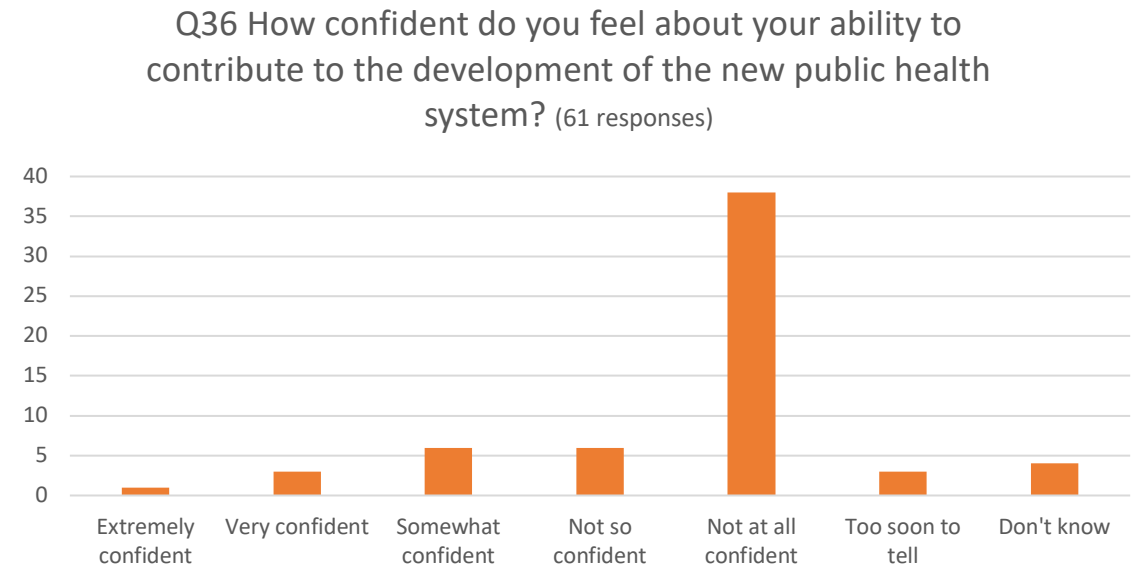


Fig 42: Comparison of views on individuals' ability to contribute to the development of a PH new system across survey respondents within Public Health England.

Confidence in the independence of the NIHP

Overall, the preliminary survey data shows that there was very little confidence that the proposed National Institute for Health Protection (NIHP) could be an independent body, and therefore be able to speak truth to power – nearly three-quarters (72%) of the respondents did not have confidence in its ability to speak truth to power.

Fig 43: Comparison of confidence in the independence of a new organisation across all survey respondents.

However, the isolated responses from PHE staff were even more damning, with 85% not confident that the new NIHP could be independent

Fig 44: Comparison of confidence in the independence of a new organisation across survey respondents within Public Health England.

Public Health Medicine
Pandemic Experience survey, 2020

Appendix: Survey data

Q1 How would you describe your gender?

Female	167 (65.49%)
Male	84 (32.94%)
Non-binary	0
Prefer to self-define	0
Prefer not to say	4 (1.57%)
Total	255

Q2 Are you:

	Full Time	**LTFT**	**Total**
A registrar	43 - 68.25%	20 - 31.75%	63
A consultant / specialist	105 - 66.46	53 - 33.54%	158
A speciality doctor	2 - 40.00%	3 - 60.00%	5
A temporarily re-licensed doctor looking for work	3 - 16.67%	15 - 83.33%	18
A temporarily re-licensed doctor not looking for work	7 - 43.75%	9 - 56.25%	16

Q3 If you are recently re-licensed or seeking to return, has your offer of help been taken up?

Yes, but no post offers	6 (2.40%)
Yes, post offered and accepted and now working	13 (5.20%)
Yes, post offered and declined	4 (1.60%)
Yes, post offered and accepted but I have left role	1 (0.40%)
No	18 (7.20%)
Not applicable	208 (83.20%)
Total	250

Q4 If you were not temporarily re-licensed by the GMC, do you believe that you should have been?

No	7 (2.85%)
Not applicable	236 (95.93%)
Yes (please give the reason - eg. retired for 6 years or less)	3 (1.22%)
Total	246

Q5 Could you tell us who your public health employer is?

Public Health Wales	9 (3.61%)
NHS Scotland	36 (14.46%)
Public Health Agency - Northern Ireland	15 (6.02%)
Local authority in England	43 (17.27%)
Public Health England	64 (25.70%)
NHS England	25 (10.04%)
University	16 (6.43%)
Does not apply	41 (16.47%)
Total	249

Q6 What type of contract are you on?

NHS medical and dental terms and conditions	154 (61.60%)
Local authority terms and conditions	10 (4.00%)
University	16 (6.40%)
Locum / interim contract	8 (3.20%)
Freelance / independent / self-employed	6 (2.40%)
NHS Agenda for Change terms and conditions	15 (6.00%)
Other (please specify)	48 (19.20%)
Total	250

Q7 Does your employer provide indemnity for all public health work that you do?

Yes, for contracted hours and all out of hours	46 (19.66%)
Yes, for contracted hours and employer's out of hours only	35 (14.96%)
Yes, for contracted hours only	23 (9.83%)
No	45 (19.23%)
Don't know	85 (36.32%)
Total	234

Q8 Did you receive a pay rise in or from April 2020?

Yes	83 (32.81%)
No	44 (17.39%)
Don't know	74 (29.25%)
Does not apply	52 (20.55%)
Total	253

Q9 If yes to question 6, what was the percentage?

Below 0.5%	**0.5 – 1%**	**1 – 1.5%**	**1.5 – 2%**	**2 – 2.5%**	**2.5 – 3%**	**3 – 3.5%**	**3.5 – 4%**	**4 – 4.5%**	**4.5 – 5%**	**Above 5%**	**N/A**	**Total**
1 (0.53%)	9 (4.76%)	9 (4.76%)	16 (8.47%)	12 (6.35%)	16 (8.47%)	0	0	0	0	1 (0.53%)	125 (66.14%)	189

Q10 In which domain of public health do you normally work?

Health protection	65 (26.64%)
Health improvement / promotion	13 (5.33%)
Healthcare public health	48 (19.67%)
Multiple domains	118 (48.36%)
Health protection	65 (26.64%)
Total	244

Q11 If you work mainly in HI/HCPH, have you been asked to work more in health protection in response to the COVID-19 pandemic?

Yes, all or most of the time	65 (26.53%)
Yes, part of the time	43 (17.55%)
Yes, occasionally	8 (3.27%)
No	18 (7.35%)
Not applicable	111 (45.31%)
Total	245

Q12 Have you worked additional hours as part of the pandemic response?

Yes, regularly	160 (67.23%)
Yes, occasionally	36 (15.13%)
No	42 (17.65%)
Total	238

Q13 If yes, how many additional hours per week have you worked, on average?

1-5	**6-10**	**11-15**	**Above 15**	**N/A**	**Total**
47 (20.00%)	63 (26.81%)	40 (17.02%)	44 (18.72%)	41 (17.45%)	235

Q14 In the event of undertaking additional work, does your contract provide for (please select all that apply)

Performance-related pay	0
Additional basic pay	24 (10.17%)
Overtime payments	88 (37.29%)
Time off in lieu	98 (41.53%)
Additional holiday	2 (0.85%)
Performance-related bonus	0 (0.00%)
None of the above	67 (28.39%)
Other (please specify)	42 (17.80%)
Total respondents	236

Q15 Have you been paid for additional hours worked? (please select all that apply)

Yes, always	38 (15.70%)
Yes, a combination of pay and time off in lieu	37 (15.29%)
Yes, occasionally (please provide the reason why not always paid below)	26 (10.74%)
Received time off in lieu	27 (11.16%)
No (please provide the reason given for not paying you below)	60 (24.79%)
Not applicable	54 (22.31%)
Total respondents	242

Q16 Does your current job plan (or equivalent) reflect an increase in workload since COVID began?

Yes, in hours	20 (8.20%)
Yes, out of hours	5 (2.05%)
Yes, both in and out of hours	21 (8.61%)
No	140 (57.38%)
Not applicable	58 (23.77%)
Total	244

Q17 How would you describe your current level of fatigue or exhaustion from working during this pandemic?

Higher than normal	175 (75.11%)
Normal level for me	44 (18.88%)
Lower than normal	4 (1.72%)
Prefer not to say	10 (4.29%)
Total	233

Q18 Have you been able to take any break during the first wave of the pandemic (between March and September)?

Yes - as much as I needed or wanted	54 (23.38%)
Yes - as much as I needed, but not as what I wanted	36 (15.58%)
Yes - but not as much as I needed	106 (45.89%)
No - I needed or wanted to but was not allowed / had to cancel	12 (5.19%)
No - I did not need or want to	23 (9.96%)
Total	231

Q19 During this pandemic, do you consider that you are currently suffering from any of depression, anxiety, stress, burnout, emotional distress or other mental health condition relating to or made worse by your work?

Yes - and worse than before the start of the pandemic	113 (48.50%)
Yes - but no worse than before the start of the pandemic	16 (6.87%)
No	90 (38.63%)
Don't know	12 (5.15%)
Prefer not to say	2 (0.86%)
Total	233

Q20 How does your current level of health and wellbeing compare with that during the first wave of the pandemic?

Much better	8 (3.45%)
Slightly better	33 (14.22%)
About the same	72 (31.03%)
Slightly worse	80 (34.48%)
Much worse	33 (14.22%)
Prefer not to say	6 (2.59%)
Total	232

Q21 Have you sought support for your mental health or wellbeing during the pandemic?

Yes	40 (17.17%)
No	107 (45.92%)
No, but have not needed to	82 (35.19%)
Prefer not to say	4 (1.72%)
Total	233

Q22 If you feel you may need support for your mental wellbeing, what would like to see offered?

[This was a free-text question]

Q23 Do you feel you need to be risk-assessed and need adjustments to be made to your role to be safe during the second wave of the pandemic?

I have been risk-assessed and feel confident that appropriate adjustments have been made	36 (15.86%)
I have been risk-assessed but feel that appropriate adjustments have not been made	6 (2.64%)
I have been risk-assessed but feel the assessment now needs updating	5 (2.20%)
I have not been risk-assessed, but now feel I need to be and appropriate adjustments made as a result	41 (18.06%)
I am not in a role that needs risk-assessment or adjustments to be made	139 (61.23%)
Total	227

Q24 Have you had a job plan review - or equivalent - in the last year? (please select all that apply)

Yes, as part of regular professional management review process	62 (26.61%)
Yes, as part of covid response	11 (4.72%)
No	119 (51.07%)
Not applicable	44 (18.88%)
Total respondents	233

Q25 Have you had any conversations with your line manager about increased workload?

Yes	151 (66.81%)
No	30 (13.27%)
I wanted to, but did not feel able	17 (7.52%)
Not needed	28 (12.39%)
Total	226

Q26 Did these relate to: (please select all that apply)

Increased basic pay/remuneration	32 (14.35%)
Increased out of hours pay	28 (12.56%)
Time off in lieu	67 (30.04%)
Additional holiday	7 (3.14%)
Performance related bonus	3 (1.35%)
Effect of increased workload on your mental health and wellbeing	96 (43.05%)
Not applicable	58 (26.01%)
Other (please specify)	46 (20.63%)
Total respondents	223

Q27 Was your line manager supportive around any issues you raised?

Yes, and undertook to pursue my concerns with the employer	71 (31.00%)
Yes, but did not undertake to pursue my concerns with the employer	65 (28.38%)
No	19 (8.30%)
Not applicable	74 (32.31%)
Total	229

Q28 Have you spoken to your professional appraiser about increased workload since COVID began?

Yes	27 (11.89%)
No	104 (45.81%)
Exempt from appraisal this year due to COVID situation	75 (33.04%)
Exempt from appraisal this year for other reason	21 (9.25%
Total	227

Q29 Will you be raising COVID-related workload at your next appraisal?

Yes	108 (48.00%)
No	25 (11.11%)
Unsure	57 (25.33%)
Not applicable	35 (15.56%)
Total	225

Q30 On a scale of one to five, where 1 equals very low / negative, and 5 equals very high / positive, how would you describe the current level of:

	1	**2**	**3**	**4**	**5**	**Total**
Your morale	40 (17.62%)	58 (25.55%)	69 (30.40%)	50 (22.03%)	10 (4.41%)	227
Your feeling of being valued as a doctor	53 (23.35%)	46 (20.26%)	51 (22.47%)	59 (25.99%)	18 (7.93%)	227
Your desire to remain working in public health	29 (12.72%)	33 (14.47%)	65 (28.51%)	57 (25.00%)	44 (19.30%)	228

Q31 How, if at all, have you changed your career plans for the next year in the following areas?

	More likely	Unchanged	Less likely	No plans	Total
Taking early retirement	52 (23.96%)	56 (25.81%)	4 (1.84%)	105 (48.39%)	217
Leaving public health for another career	55 (25.35%)	56 (25.81%)	14 (6.45%)	92 (42.40%)	217
Taking a career break	55 (25.35%)	50 (23.04%)	7 (3.23%)	105 (48.39%)	217
Working in another country	42 (19.27%)	50 (22.94%)	11 (5.05%)	115 (52.75%)	218
Working fewer hours	96 (43.84%)	49 (22.37%)	15 (6.85%)	59 (26.94%)	219
Working more hours	21 (9.95%)	37 (17.54%)	76 (36.02%)	77 (36.49%)	211
Working as a locum	14 (6.57%)	36 (16.90%)	18 (8.45%)	145 (68.08%)	213

Q32 If there's anything you'd like to tell us about your experience in the pandemic, please tell us here.

[This was a free-text question]

Q33 What effect do you think the creation of the National Institute for Health Protection will have on the response to COVID and future pandemics?

	Much better	Better	No change	Worse	Much worse	Don't know	Total
COVID	1 (0.46%)	11 (5.02%)	46 (21.00%)	58 (26.48%)	34 (15.53%)	69 (31.51%)	219
Future pandemics	4 (1.78%)	33 (14.67%)	50 (22.22%)	24 (10.67%)	15 (6.67%)	99 (44.00%)	225

Q34 What affect do you think the creation of NIHP and restructuring of PHE will have on the ability of the system to tackle and respond to other public health issues?

Much better	Better	No change	Worse	Much worse	Don't know	Total
1 (0.43%)	6 (2.61%)	13 (5.65%)	72 (31.30%)	74 (32.17%)	64 (27.83%)	230

Q35 How confident are you in the independence of the proposed National Institute for Health Protection and in its ability to speak truth to power?

Extremely confident	0
Very confident	1 (0.43%)
Somewhat confident	8 (3.45%)
Not so confident	31 (13.36%)
Not at all confident	137 (59.05%)
Too soon to tell	28 (12.07%)
Don't know	27 (11.64%)
Total	232

Q36 How confident do you feel about your ability to contribute to the development of the new public health system?

Extremely confident	3 (1.29%)
Very confident	6 (2.59%)
Somewhat confident	21 (9.05%)
Not so confident	39 (16.81%)
Not at all confident	106 (45.69%)
Too soon to tell	18 (7.76%)
Don't know	39 (16.81%)
Total	232

Q37 Please add anything more you would like to bring to the attention of the Public Health Medicine Committee.

[This was a free-text question]

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