

workers with long COVID between March 2020 and September 2021.¹² Had we been better able to protect staff (as set out in the first report of the BMA COVID-19 review) we may have seen fewer long-term absences due to long COVID and consequently, less capacity lost to health services across the UK.

Some doctors died from COVID-19 infection

During the pandemic, more than 50 doctors have tragically lost their lives caring for others.¹³ As the first report of the BMA's COVID-19 review concluded, medical professionals were too often left unprotected and exposed, suggesting these deaths were not inevitable. The public inquiries into the pandemic must examine what more could have been done to protect staff to avoid other families facing so much grief in future pandemics. The doctors who died and their families must be afforded proper accountability.

Beyond the human cost, the emotional toll placed on medical professionals after seeing their colleagues die or undergoing acute treatment after contracting severe symptoms in such circumstances has been significant, as will be discussed later in this report.

It is important to look at the deaths among the medical profession from COVID-19 in the context of the workforce crisis facing the UK's health services. If services had been better staffed going into the pandemic, it is possible that deaths among patients and the medical profession would have been lower. Firstly, fewer staff may have felt pressured to work even when unwell because of how understaffed services were. This sense of responsibility may have led staff to inadvertently spread the virus further.

'I [...] contracted what I subsequently realised was Covid at that time, which was the onset of the lockdown. [...] At that time the advice was to self-isolate for a week. [...] I was worried about taking time off as the practice was under so much pressure given Covid, so I continued working. [...] With hindsight, under normal circumstances I might have/should have taken time off work, but because of the Pandemic I just felt I couldn't...'

(Retired doctor returning to NHS (working in general practice), England)

Secondly, if there had been more staff to cover on-site work, medical professionals at higher risk of infection from the virus may have found their requests for remote working or redeployment were more easily granted.

'Even if [you were] assessed as higher risk [you] still had to get on with seeing respiratory patients as too many other staff [were] self-isolating.'

(GP contractor/principal, England)

Certain groups within the medical profession were at higher risk of COVID-19

Ethnic minority doctors and disabled doctors are some of the groups who were more negatively impacted by the pandemic than their peers. Opportunities were missed to mitigate the inequitable impact of the pandemic on the medical profession, such as providing better protection for doctors at risk of infection from the virus or more often allowing remote working options. There were also reported issues with ensuring that previously agreed reasonable adjustments to working practices could still be accommodated.

Medical professionals from an ethnic minority background

People from Black and South Asian ethnic backgrounds were more likely to be infected with COVID-19 during the first stages of the pandemic¹⁴ and people from certain ethnic backgrounds more often died from COVID-19 infection.¹⁵ During the first wave, Black African people were 3.7 times more likely to die than white men.¹⁶ We can deduce a similar pattern within the medical profession. In April 2020, an analysis found that 95% of doctors in England who had died from coronavirus were from ethnic minority backgrounds, even though this group makes up 44% of NHS medical staff.¹⁷ This gave us an early indication of certain groups being at higher risk of death, and these results are reflected in current data, with the vast majority of the total number of doctors who died from COVID-19 being from an ethnic minority background.¹⁸