



**FACULTY OF
PUBLIC HEALTH**

Faculty of Public Health of the Royal Colleges
of Physicians of the United Kingdom
Working to improve the public's health

Faculty of Public Health Membership Wellbeing Survey Report



**FACULTY OF
PUBLIC HEALTH**

Contents

Acknowledgements.....	1
Foreword.....	2
Introduction	3
Survey details.....	4
Participants' profile.....	4
Overall results	6
Mental health and wellbeing	6
Physical health and wellbeing.....	9
Coping mechanisms & Support.....	10
Recovery.....	12
Looking forward... ..	13
Specialty registrars.....	14
Impact on career	15
Mental health and wellbeing	17
Physical health and wellbeing.....	19
Coping mechanisms and support.....	20
Recovery.....	22
Consultants	23
Impact on career	24
Mental health and wellbeing	26
Physical health and wellbeing.....	28
Coping mechanisms and support.....	29
Recovery.....	31
Retired members	32
Conclusions	33
References	35

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We are also grateful to the Faculty President, Maggie Rae, and the Faculty Officers for their unstinting support for this project and their ideas and enthusiasm.

The support of Faculty staff members is also gratefully acknowledged, namely Julian Ryder, Director of Education, Standards and Advocacy, David Parkinson, Communications Manager and James Elliott, Communications Assistant.

Foreword

When the Faculty commissioned this survey and report into the physical and mental wellbeing of our members back in the spring, we did so partly out of concern that the immense pressures that public health colleagues were under were not being recognised. Faculty members have been leading the response to the COVID-19 pandemic with extraordinary commitment, dedication and integrity both in the United Kingdom and throughout rest of the world.

This pandemic has been unlike anything most of us have experienced before and has created unprecedented challenges for the public health workforce. As we would expect from public health colleagues, those challenges have been met head on and we recognise and acknowledge the outstanding leadership of our members in tackling the pandemic, alongside all the other work that so important in addressing widespread and ingrained health inequalities.

However, it is clear that this leadership and courage has come at a cost. The findings from the survey are laid out in this report and we urge you to read it, but it is clear that amongst our members there a widespread feeling of exhaustion and a significant proportion are struggling with dramatically increased workloads. It is clear that more could be done to support colleagues and the findings from this report will be also be used to inform and lobby employers to support public health professionals.

Our thanks go to the group of specialty registrars who have led this work from the outset. They have been outstanding, and we were delighted when Cat and her specialty registrar colleagues took a lead in running the survey and analysing the results. We are incredibly proud of our trainees and all the work they do, particularly under the pressures of the past two years.

We also want to thank all of our members who took the time to engage with the survey. We were concerned about adding further burdens to your working lives but we thought it was essential to properly seek your views and understand the temperature of our members. As ever, we are extremely grateful for your participation in this survey and we commend you to read it.

Professor Maggie Rae, President, Faculty of Public Health

Cat Pinho-Gomes, NIHR Academic Clinical Fellow

Introduction

The COVID-19 pandemic was unprecedented in its impact on our personal and professional lives. Longstanding inequalities were laid bare by the pandemic, the truth is that nobody has been spared. Healthcare and public health workers were arguably among the most severely affected across the globe. Even in high-income countries, including the UK, which should have been well prepared to manage a pandemic, health workers faced unprecedented challenges.¹ Although health workers are often seen as those at the frontline of acute care delivery, the pivotal role of the public health workforce cannot be underestimated. Indeed, public health consultants and trainees have been working hard behind the scenes together with multiple professionals in public health agencies at local, national, and international level. Their critical contribution to the pandemic response has often been undervalued, and hence the challenges they have faced throughout this intense period of work have often been underestimated. It is, thus, critical to shine a light on the key role playing by Public health consultants and trainees in the pandemic.

On the other hand, the pandemic brought public health to the fore of the agenda and increased awareness on the far-reaching and profound impact of public health. Whilst this may have provided unprecedented opportunities to engage with the public and important stakeholders, it necessarily resulted in an increased workload and a broader, and sometimes not constructive, discussion of public health issues in diverse platforms, including social and mass media. This may have had a detrimental impact on the mental wellbeing of public health professionals.

Although several surveys²⁻⁶ have compellingly demonstrated the negative impact of the pandemic on health professionals in the UK, particularly among junior doctors, much less is known about its effects on public health consultants and trainees. Therefore, the Faculty of Public Health together with public health specialty registrars decided to conduct this survey to understand the impact of the pandemic on the mental and physical health and wellbeing of their members. The evidence generated by this survey will enable employers and other agencies to put in place measures that will mitigate the detrimental consequences and support recovery from the pandemic.

Survey details

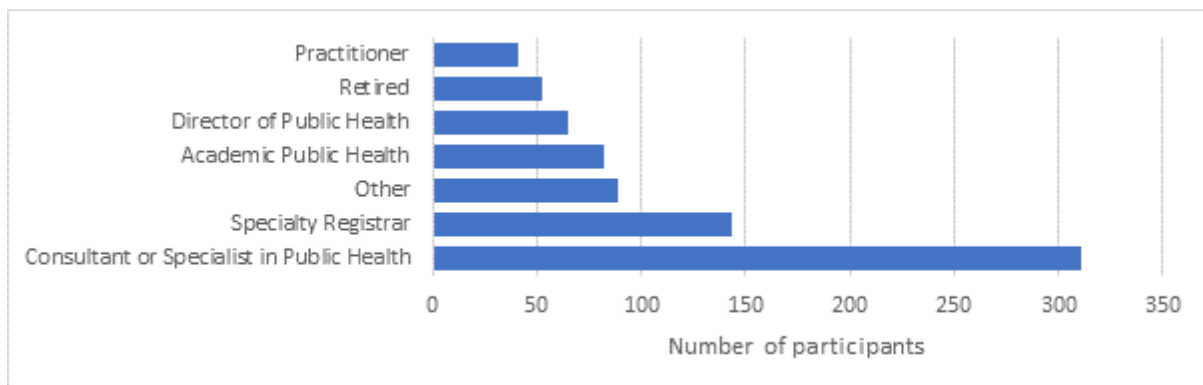
The online survey was open between 4 April and 21 May. All members of FPH sent personal invites by email to answer the survey.

Participants' profile

A total of 784 responses were received. This corresponds to a response rate of 21 per cent overall and 26 per cent for specialty trainees/registrars.

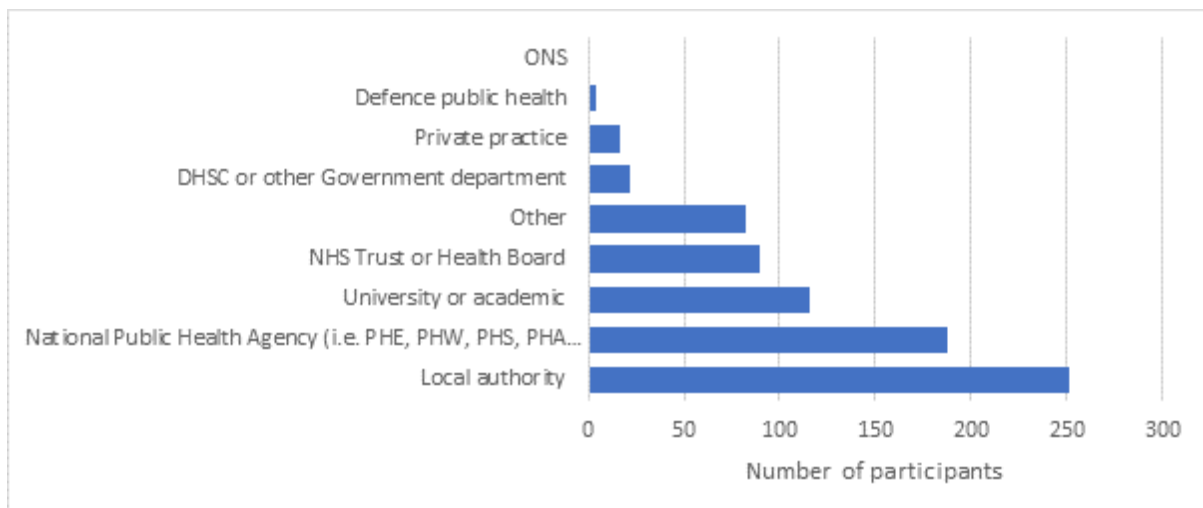
Type of employment

Almost 40 per cent of participants were consultants and 18 per cent were specialty registrars.



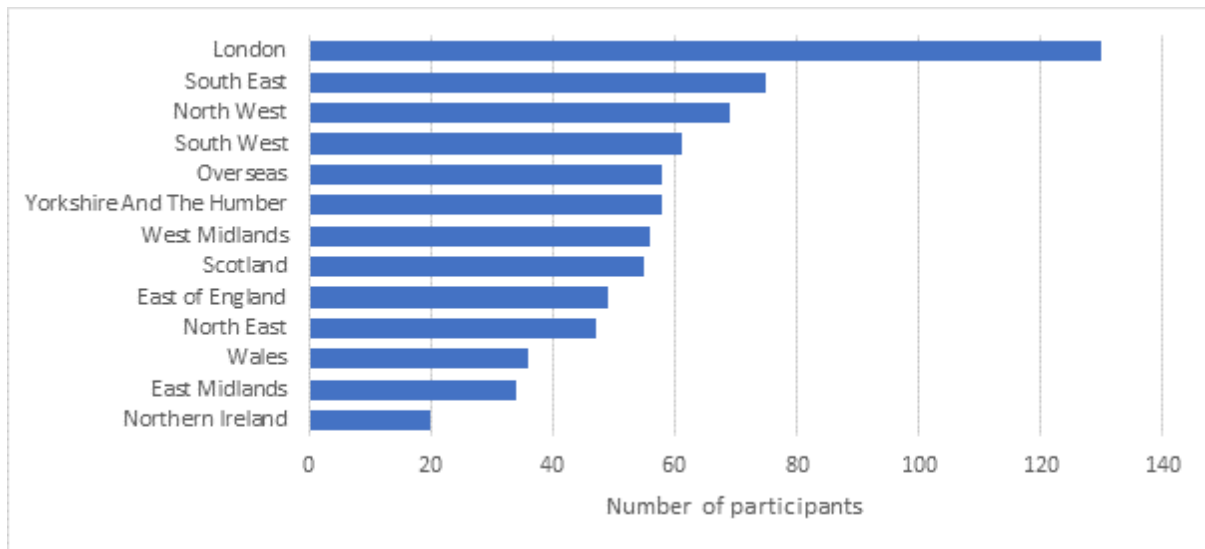
Work setting

Almost 35 per cent worked in a local authority and 26 per cent worked in a national public health agency.



Place of work

The most common regions were London (17 per cent), South East (10 per cent) and North West (9 per cent).



Demographic characteristics

63 per cent of the participants were female and 34 per cent were male; 77 per cent were aged between 35 and 64 years; and 80 per cent were of White ethnicity, 6 per cent of Asian ethnicity and 4 per cent of Black ethnicity.

Overall results

Overall, most participants ranked their mental health and wellbeing as fair (40 per cent) or good (32 per cent). However, over 60 per cent reported feeling fatigued, with about half stating they felt emotionally exhausted, overwhelmed, or frustrated often or always. Feelings of depression, anxiety and isolation were reported by most participants, yet less frequent than other symptoms. The impact of poor mental health and wellbeing was more marked on personal than professional life, with significant deterioration in hobbies and leisure activities, family time, sleep, and life satisfaction in general. The main causes of poor mental health and wellbeing were work stress and an unmanageable workload, government response to pandemic, social isolation, uncertainty about the future and limited ability to influence.

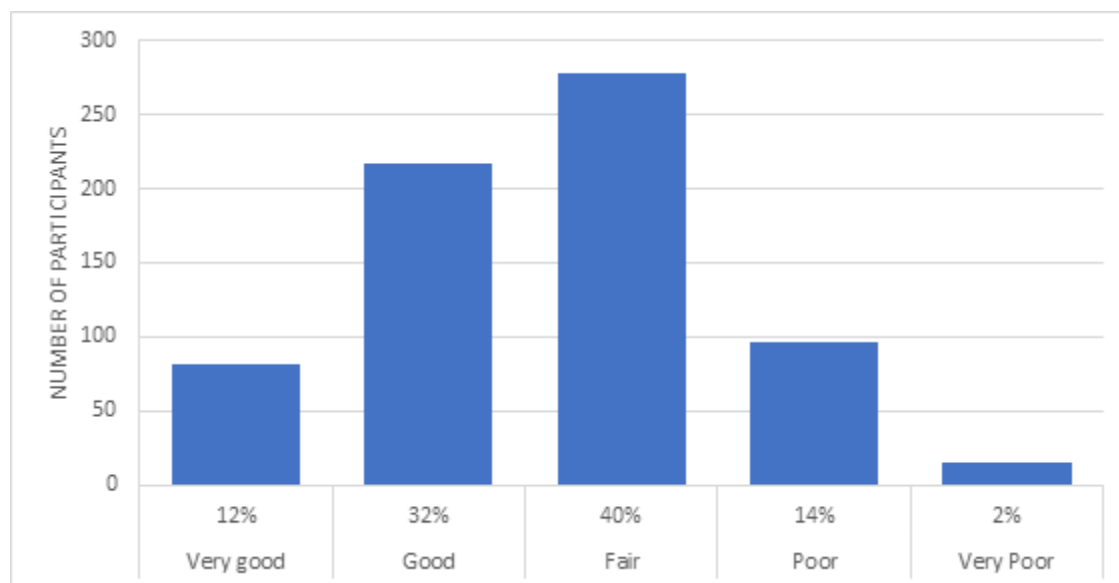
About a third of participants ranked their physical health as good, followed by about a quarter reporting it as fair and a further quarter as very good. Physical health had, in general, a smaller impact on personal and professional activities than mental health. As for mental health, the most commonly affected aspects of life were sleep, hobbies and leisure, and family time. About two-thirds of participants reported a slight or significant deterioration in their diet and physical activity as a result of the pandemic, with minimal or no impact on alcohol use or smoking.

Over 40 per cent of participants found it challenging to cope with the pandemic. The most common coping mechanisms were walking and hiking, watching TV, chatting with friends and relatives, which were reported by over half of the participants. These were followed by reading, physical activity and sport, and cooking and baking, which were all reported by over a third of participants. About 16 per cent (109/697) of participants said they had accessed formal mental health and wellbeing support, primarily provided by mental health professionals or GPs. Almost all found it, at least, somewhat useful. Over 70 per cent reported that their organisation provided mental health and wellbeing support, but 14 per cent said they did not know.

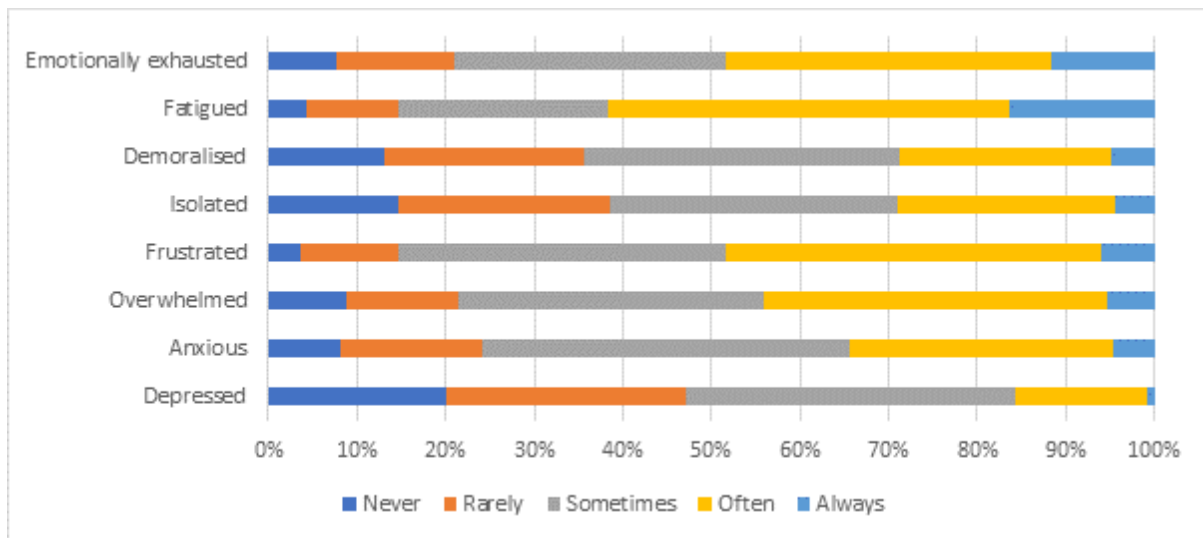
Almost half of the participants reported that more flexible working and extended annual leave would help them recover, followed by over a third asking for recognition of their own and their team's achievements.

Mental health and wellbeing

1. How would you rate your current mental health and wellbeing?



2. During the pandemic, how often have you felt:

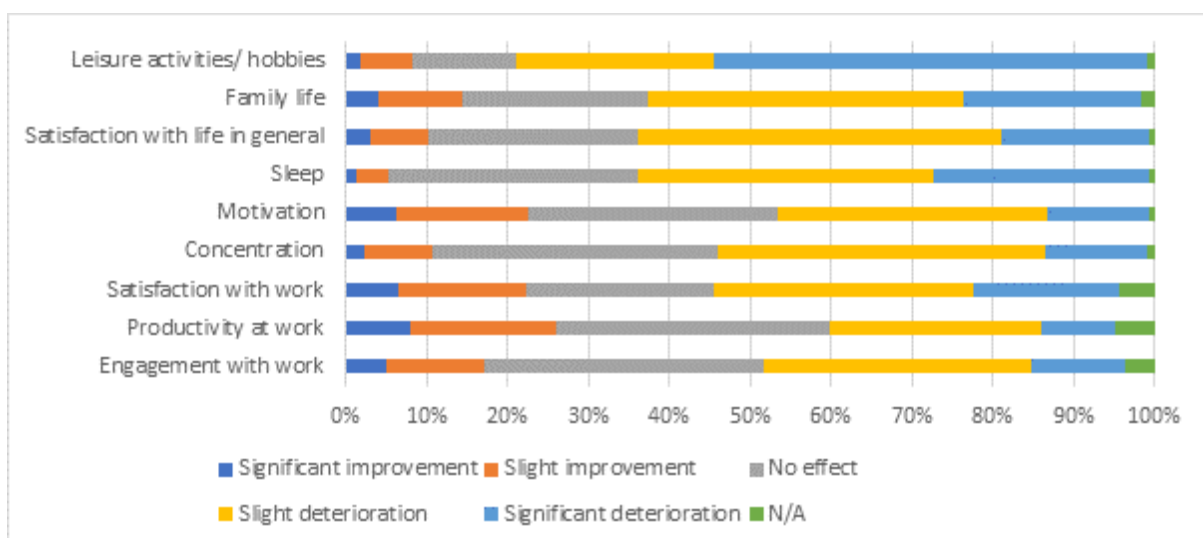


In-depth insight

“I constantly feel I’m letting my team and the public down by not being able to do enough...”

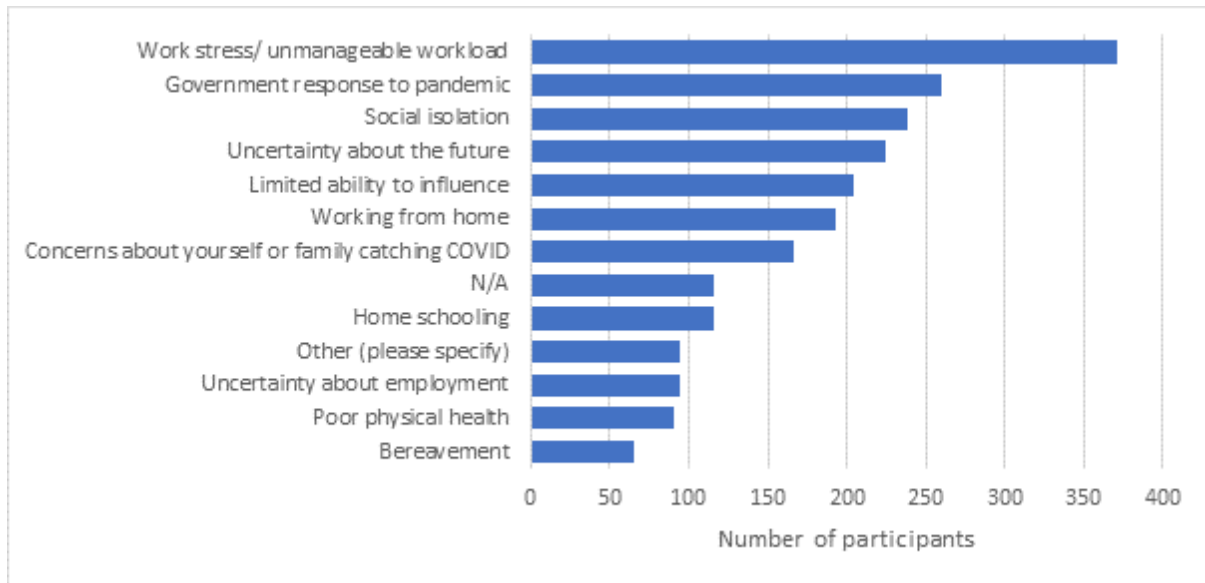
Respondents also commented that they had felt morally compromised, having to give advice they thought was wrong, and several comments emphasised feeling of guilt, both from working too much, and feeling like they were neglecting family, and not working enough. On the other hand, participants commented that there had been positive aspects to the pandemic, with several mentioning that they felt more energised, fulfilled and rewarded at work, and many mentioning the pandemic had highlighted how fortunate they were for having a secure and safe job and good living conditions, when so many faced dismal adversity.

3. What impact has your mental health and wellbeing during COVID-19 had on your work and personal life?



Many respondents found working from home significantly improved their productivity, although the loss of social and networking aspects of the office were also noted.

4. If you have struggled with poor mental health and wellbeing, what have been the causes of this?



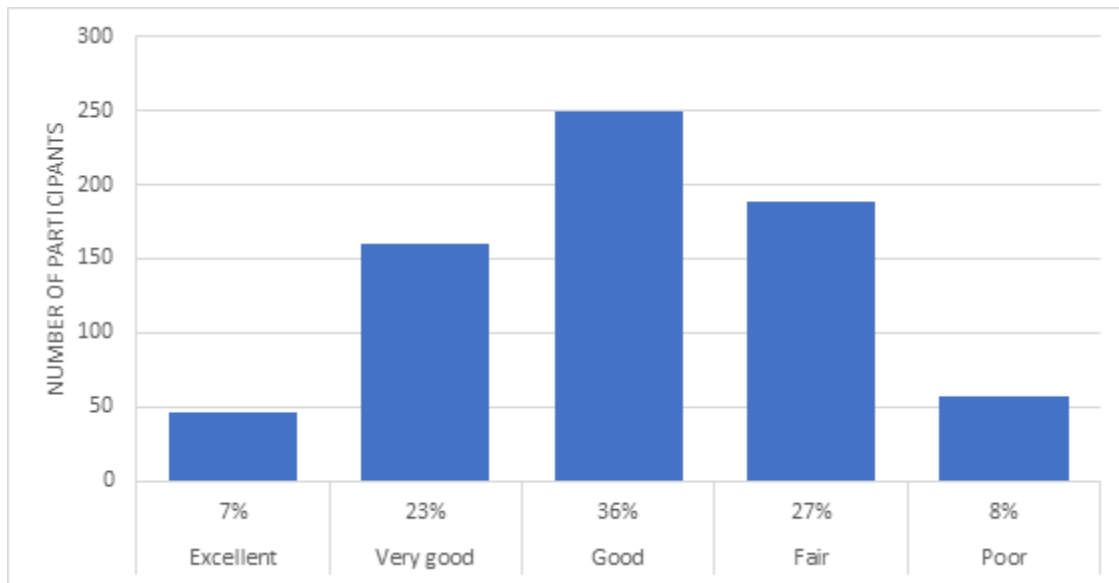
In-depth insight

“It was harder not to become cynical, and to wonder whether sometimes our efforts in public health are futile...”

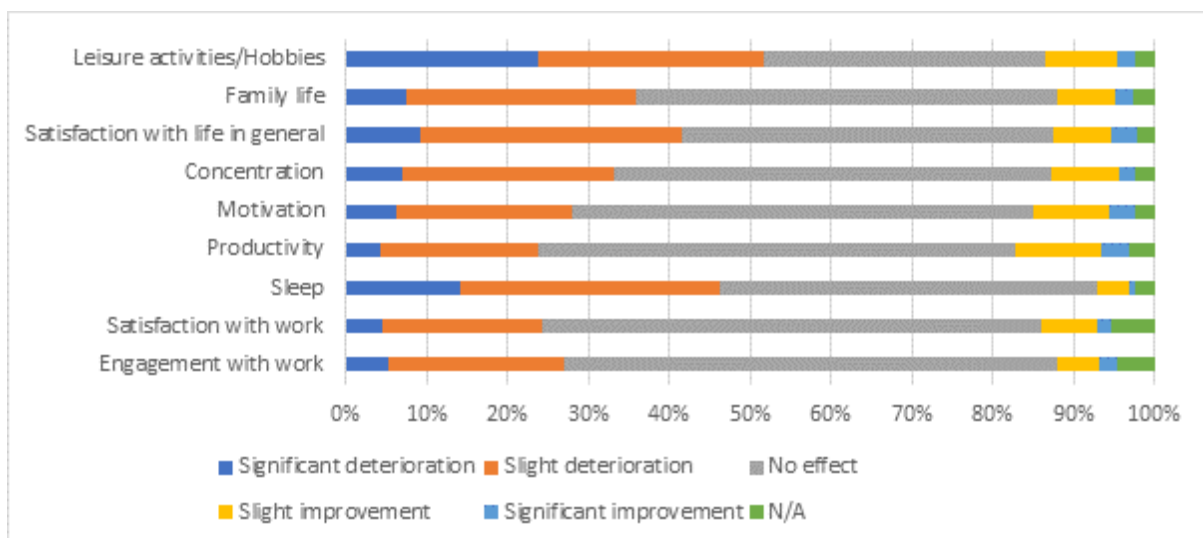
Participants commented that an often overwhelming workload combined with, what they considered, a lacklustre government response made them feel underappreciated and burnt out, with the attendant impact on their mental health and wellbeing. However, many participants found additional purpose and engagement due to the higher profile of their work and public health in general during the pandemic, which served as a source of strength and resilience.

Physical health and wellbeing

1. How do you rate your current physical health and wellbeing?

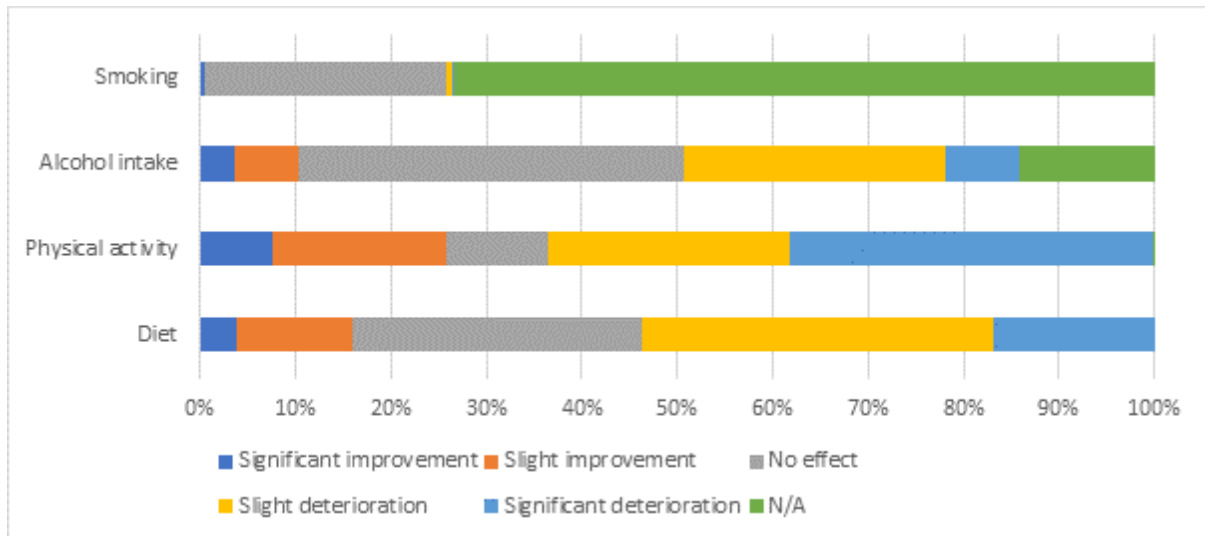


2. How has your physical health and wellbeing during the pandemic affected your work and personal life?



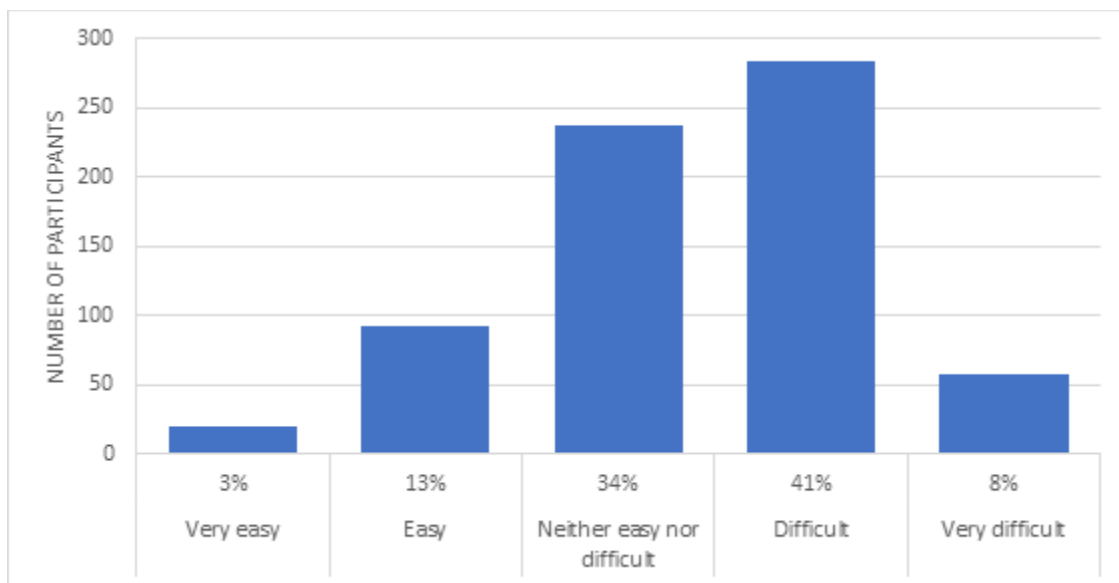
By far the most common comments referred to increased weight gain, both due to worse diet, often caused by increased stress at work, or as coping mechanism, and lack of exercise due to both lack of space at home to exercise, and fatigue (both mental and physical) from increased work demands.

3. What has been the impact of the pandemic on:

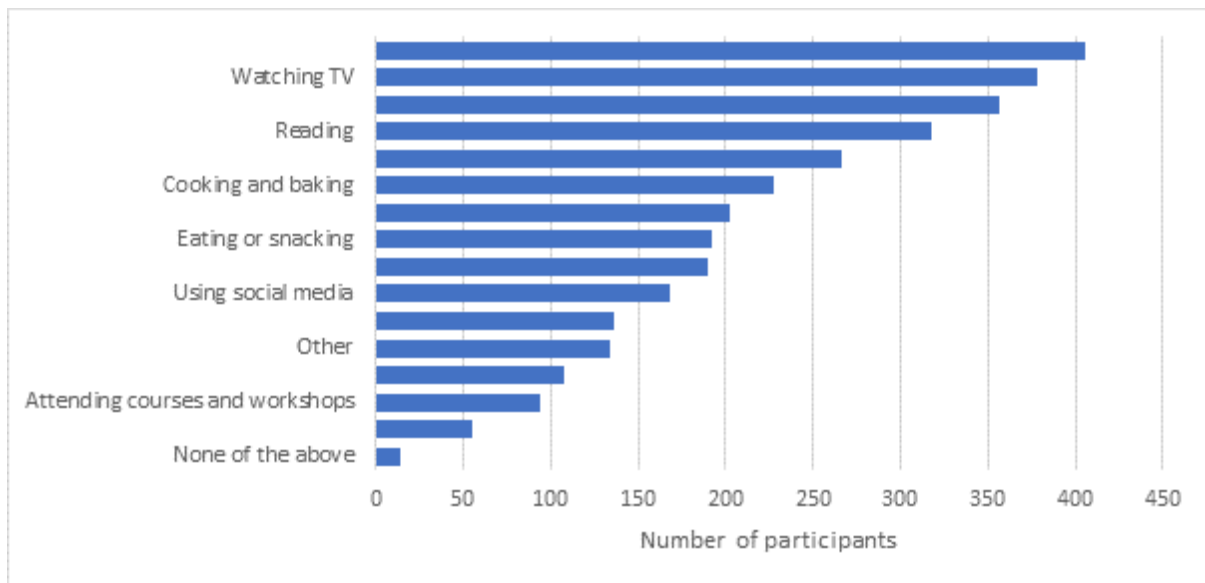


Coping mechanisms & Support

1. Overall, how easy have you found it to cope with the pandemic and the impact it has had on your personal and professional life?

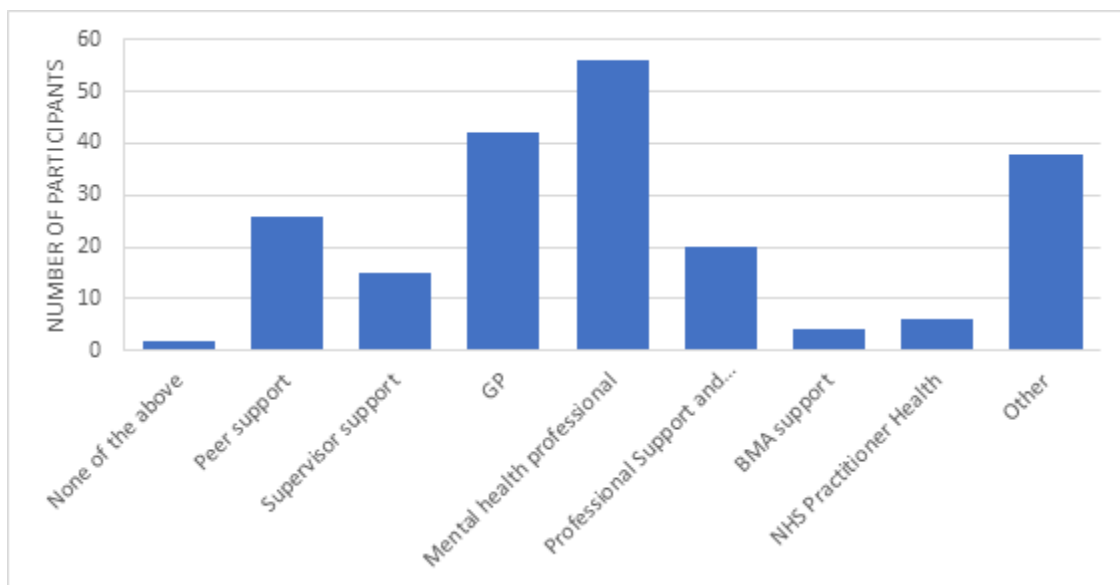


2. What coping mechanisms have you been using successfully?



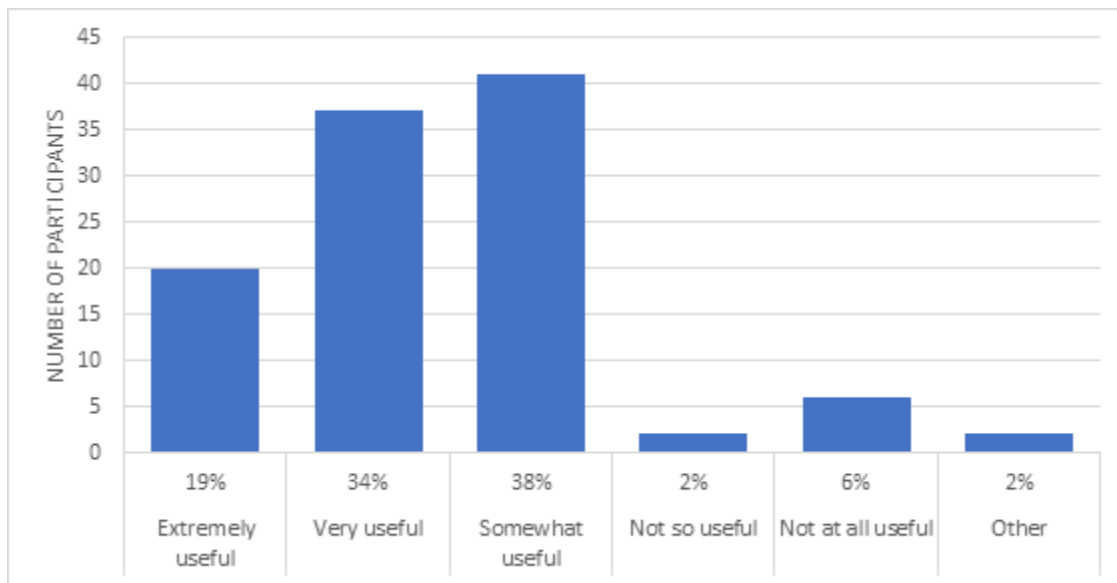
Other coping mechanisms respondents mentioned, included gardening, writing, yoga, music, prayer/meditation, pets, volunteer work, and picking up new hobbies.

3. What kind of support have you accessed?



Other forms of support that were accessed including: occupation health, various online programmes (including IAPT, CBT and stress management), religious/fair counsellors, the Headspace app and from charities.

4. How useful was the support you received?



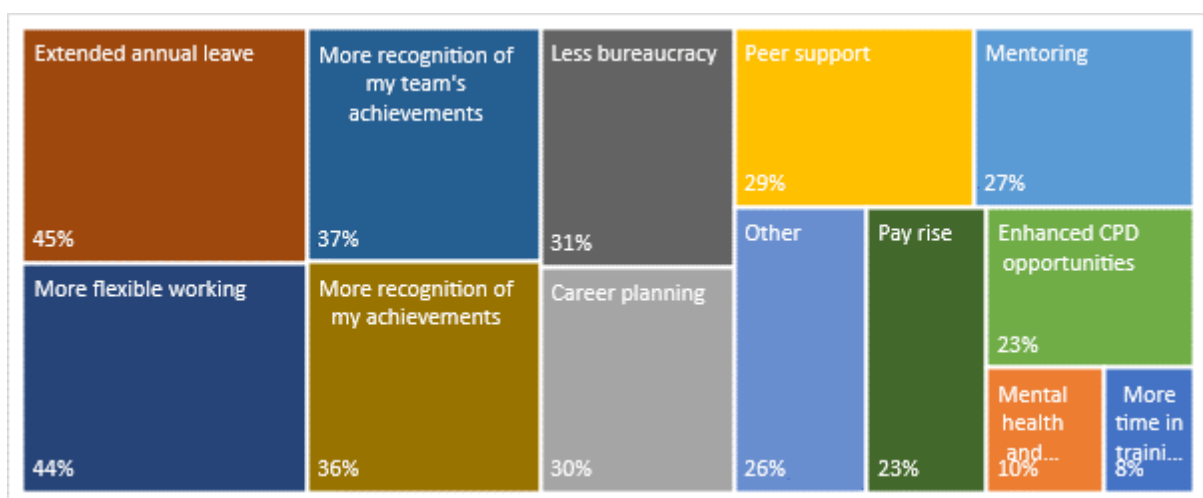
In-depth insight

“It seems to me that public health 'talks the talk' but doesn't necessarily 'walk the walk' in terms of mental health”

Participants commented it was sometimes unclear or hard to find out what formal occupational health support was available and where, and that often there were administrative or budgetary issues that meant accessing this support was harder than it should. Participants also commented that some of the support they received felt vague and generic, and not tailored to either the individual needs, or the unprecedented impact of the pandemic.

Recovery

5. What would help you recover from the COVID-19 pandemic?



Respondents also commented that investment of resources, including staff, in local public health, greater recognition for the work the public health workforce has done, would also aid recovery from the pandemic.

Looking forward...

As a result of the COVID-19 pandemic, I am more likely to...

1. Spend time with family and friends
2. Have a better work life balance, focus on my health and wellbeing
3. Work fully or partially from home, work part-time
4. Improve my knowledge and keep up to date on health protection
5. Consider career in health protection
6. Change career, explore alternative career options
7. Retire earlier.

“[I am more likely to] feel proud of the public health response and the expertise and total commitment of my colleagues.”

As a result of the COVID-19 pandemic, I am less likely to...

1. Work in the office, commute to work
2. Take things for granted (e.g., health, work, family)
3. Travel, especially abroad
4. Work excessive number of hours, work full time, prioritise work over personal life, family, rest
5. Continue working or work past the age of retirement
6. Exercise
7. Trust politicians
8. Plan far ahead
9. Want to be a DPH or take a senior leadership role
10. Consider a career in health protection
11. Achieve my career ambitions.

“[I am less likely to] accept commuting and office-based working as a default. Trust government and our own organisations to have thought through emergency events thoroughly, or to have a coherent aspiration for the future.”

Specialty registrars

Trainees had a mixed experience regarding the impact of the pandemic on their training (40 per cent neutral, 36 per cent negative and 21 per cent positive).

The most common consequences of the pandemic were reprioritisation of projects to focus on Covid-19, fewer networking opportunities, increased opportunities to improve knowledge and skills in health protection, fewer opportunities to attend courses, and less variety of projects. Redeployment and extension of training time were the least frequently reported with only 15 per cent and 7 per cent, respectively.

About a third neither agree nor disagree that the pandemic made them change their mind about their career, with only 18 per cent agreeing or strongly agreeing with that statement.

About 60 per cent reported that COVID-19 had a neutral impact on career aspirations, with the remainder evenly split between negative and positive impact.

Overall, trainees reported that their mental health and wellbeing was fair (45 per cent) or good (38 per cent). The most common feeling during the pandemic was fatigue, with almost 90 per cent reporting it at least sometimes. Although anxiety, depression, emotional exhaustion, and frustration were experienced by many sometimes, only a minority experienced those symptoms often or always.

The greatest impact of poor mental health and wellbeing was on personal life, particularly leisure activities, family, life satisfaction, sleep, and concentration. The main underlying causes of poor mental health and wellbeing were social isolation, work stress and an unmanageable workload, working from home, uncertainty about the future and government response to the pandemic.

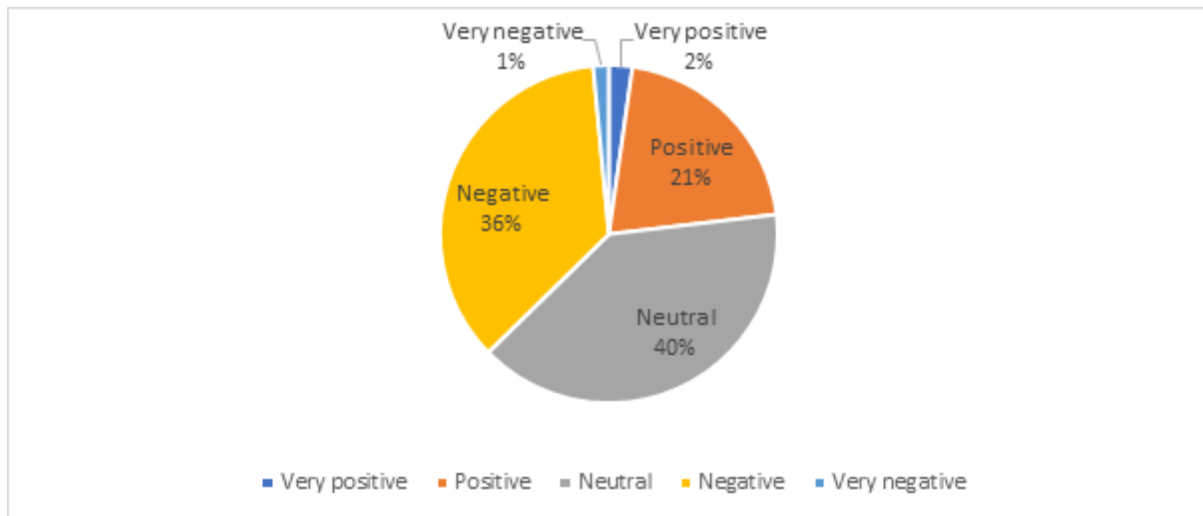
Overall, trainees reported good or very good or fair physical health. In general, poor physical health and wellbeing had a mild effect on personal and professional life, with the overwhelming majority reporting that it only sometimes affected activities, especially family life, and satisfaction and engagement with work. The pandemic resulted in a deterioration of diet and physical activity in 50 per cent and 65 per cent of the trainees.

The majority felt that coping with the pandemic was difficult. The main coping mechanisms were chatting with friends and relatives, watching TV, walking, and hiking, reading, and physical activity and sport. About 23 per cent (29/128) of trainees said they had accessed formal mental health and wellbeing support, either from mental health professionals or professional support units, with almost all considering the support useful. About 67 per cent said their organisation provided mental health and wellbeing support, with 30 per cent stating they were not aware of that.

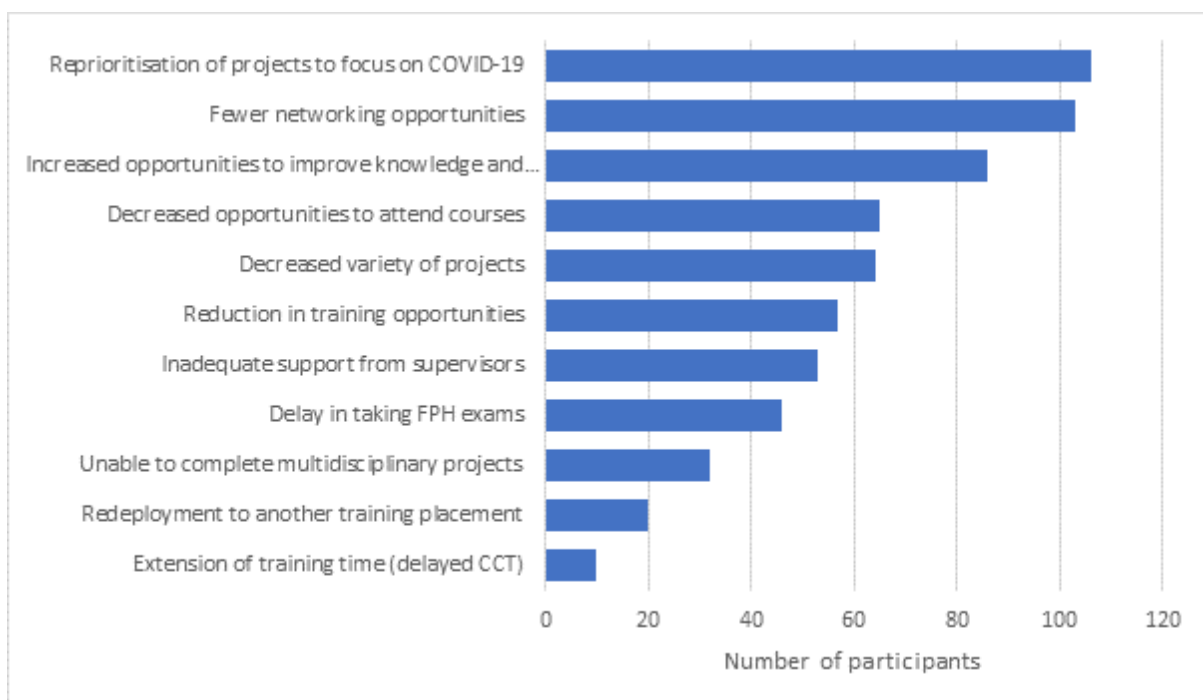
In terms of recovery, flexible working (55 per cent) and extended annual leave (48 per cent) were the most common choices, followed by mentoring (45 per cent), career planning (44 per cent) and peer support (42 per cent).

Impact on career

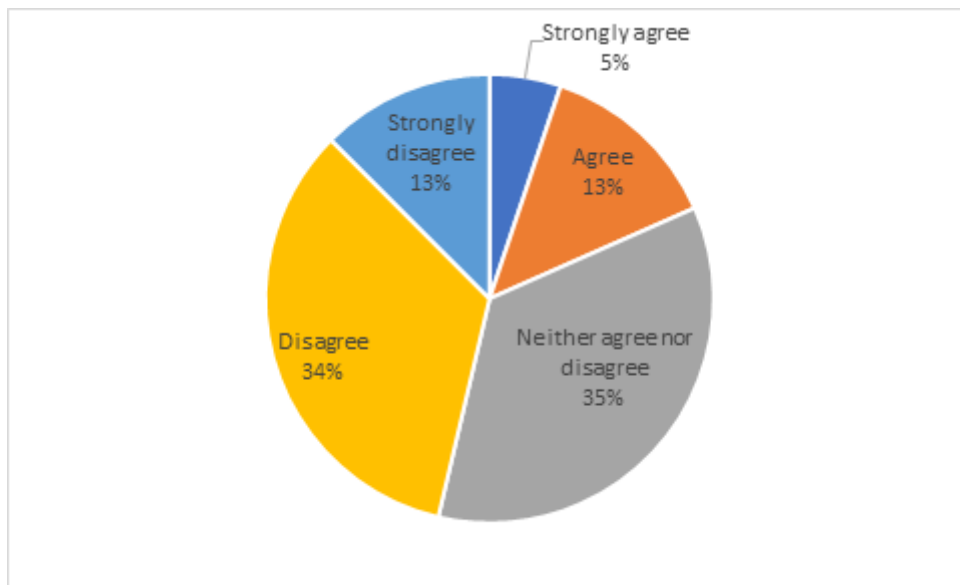
1. Overall, how would you assess the impact of the pandemic on your training?



2. Have you experienced any of the following as a consequence of the pandemic?

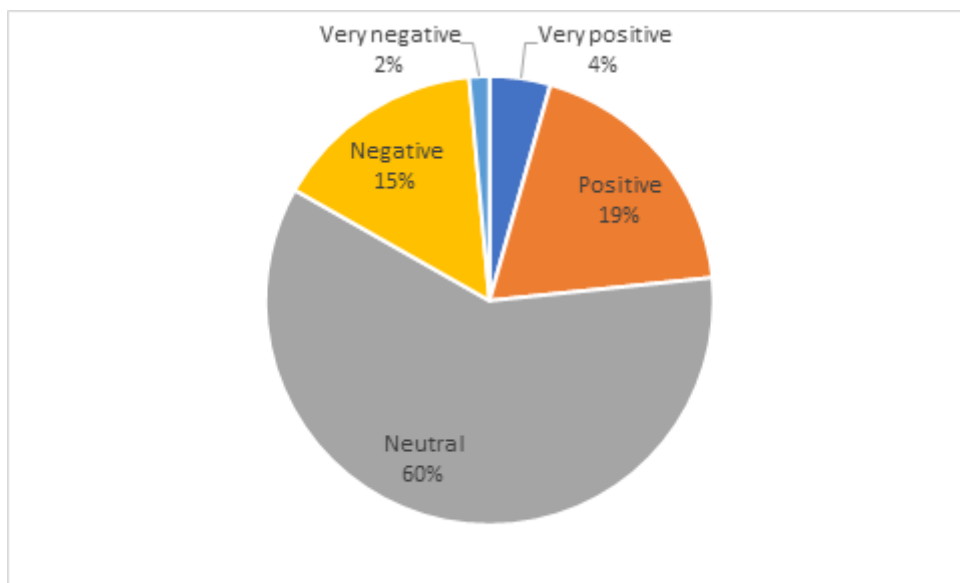


3. COVID-19 made you change your mind about your career. Do you...



There were both positive and negative comments from respondents, with some feeling this had been a career-defining crisis that has had health protection embedded into wider roles and jobs, particularly at a local level allowing greater chances for public health leadership, while other felt burnt out, disengaged, and demonised by the government’s response and dissolution of PHE.

4. What has been the impact of COVID-19 on your career aspirations?



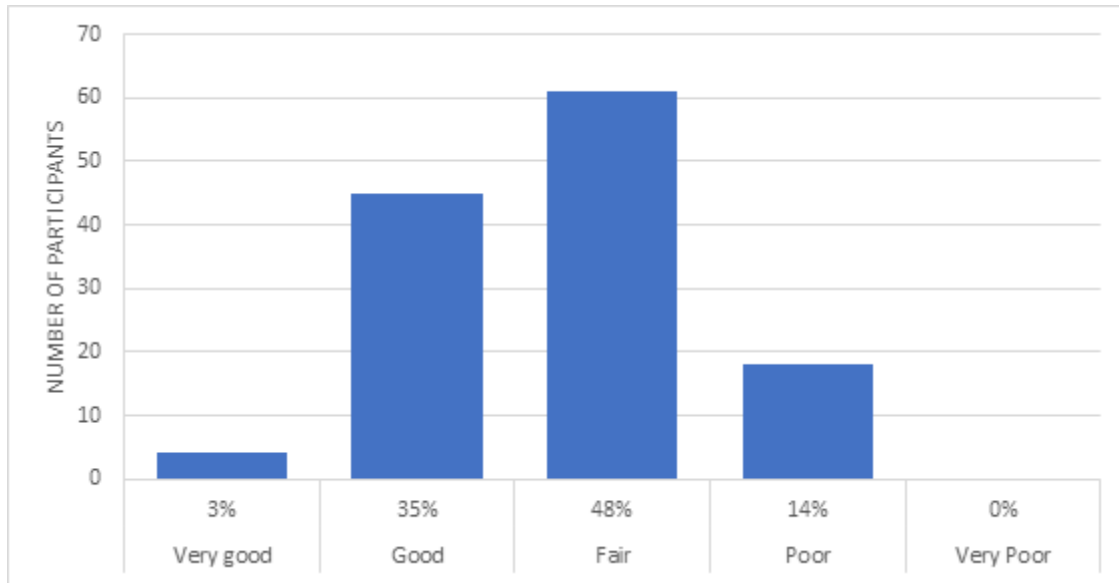
In-depth insight

“I often think I should have chosen a profession where my contributions were more valued by society.”

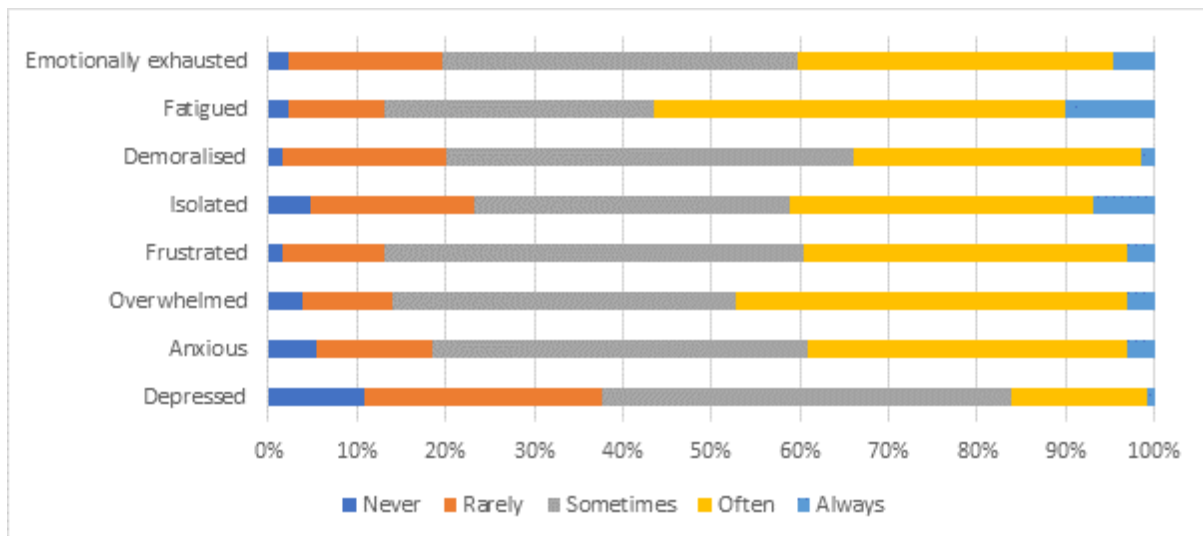
There was concern about the lack of recognition, the increased work burden, and the wide variation in workload left some trainees worried about their future in public health. Several trainees mentioned that the additional focus on health protection had clarified some career options (both for and against this as a potential future career).

Mental health and wellbeing

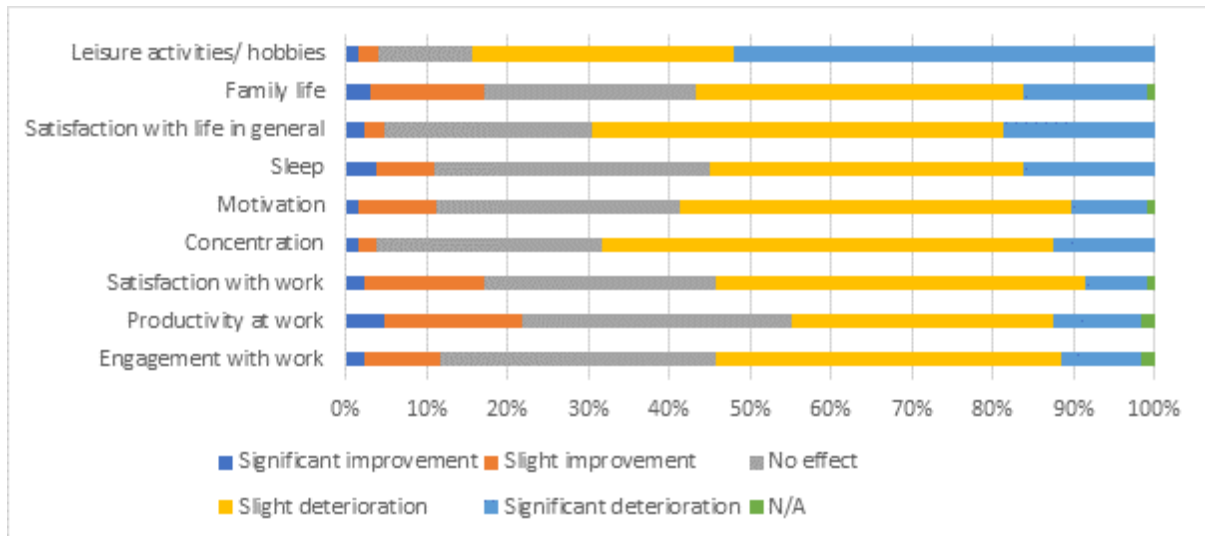
1. How would you rate your current mental health and wellbeing?



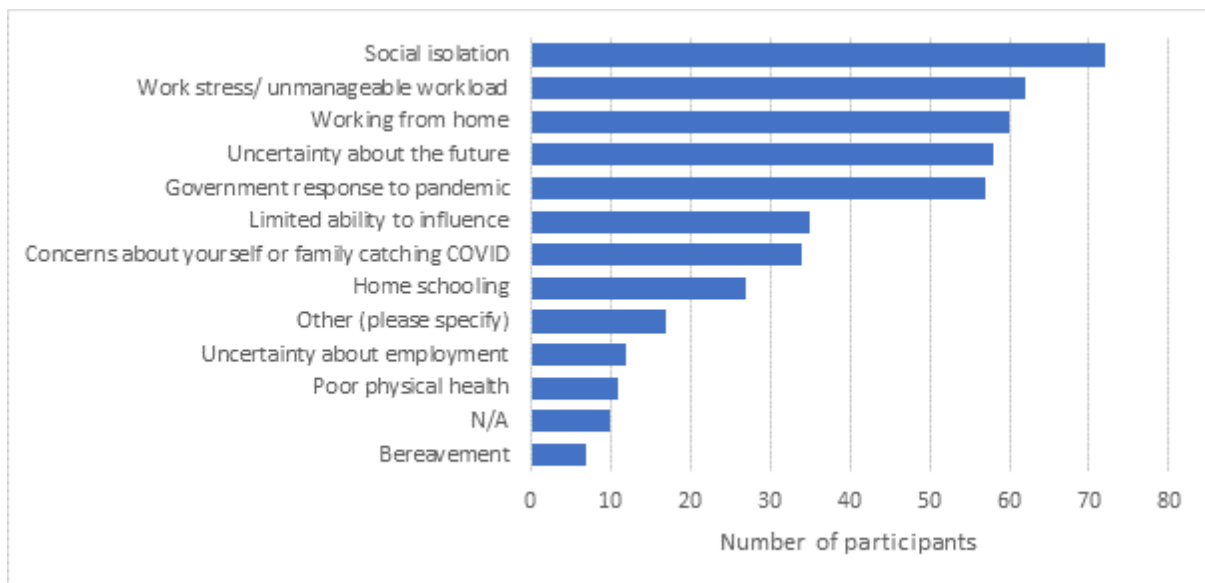
2. During the pandemic, how often have you felt:



3. What impact has your mental health and wellbeing during COVID-19 had on your work and personal life?

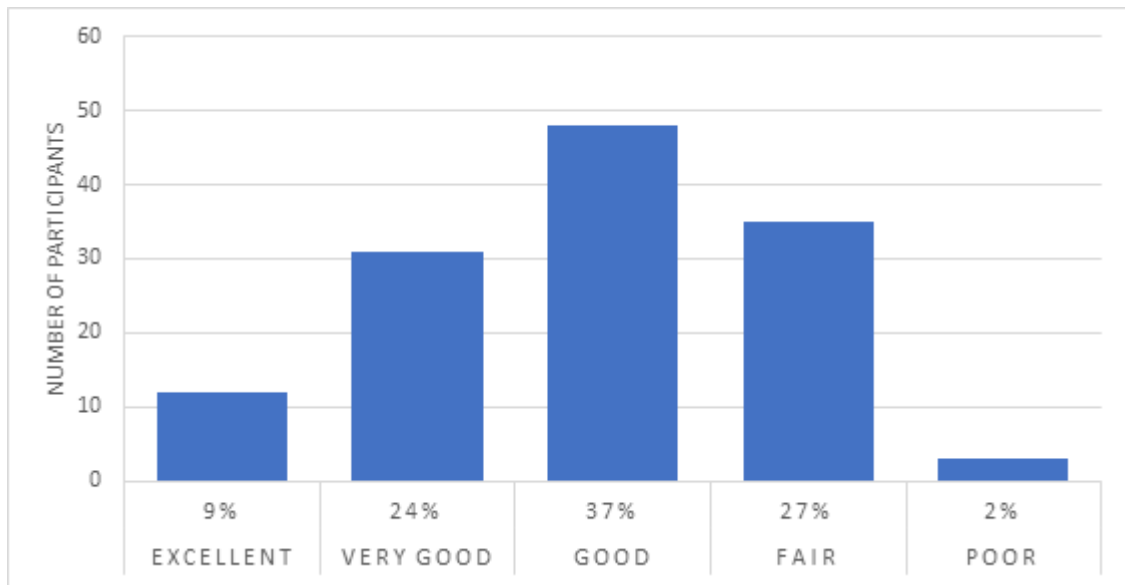


4. If you have struggled with poor mental health and wellbeing, what have been the causes of this?

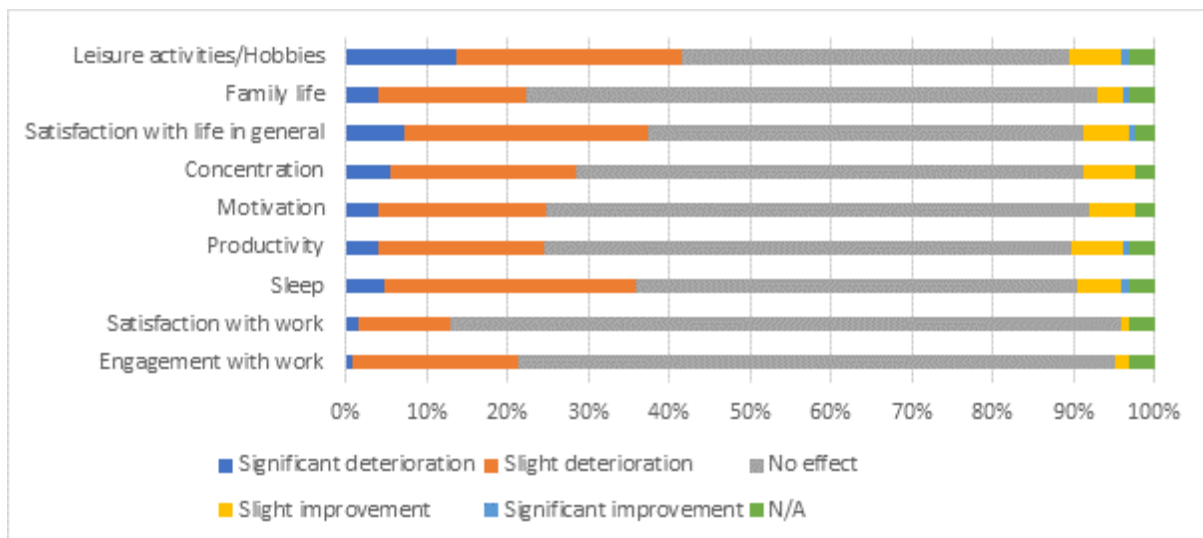


Physical health and wellbeing

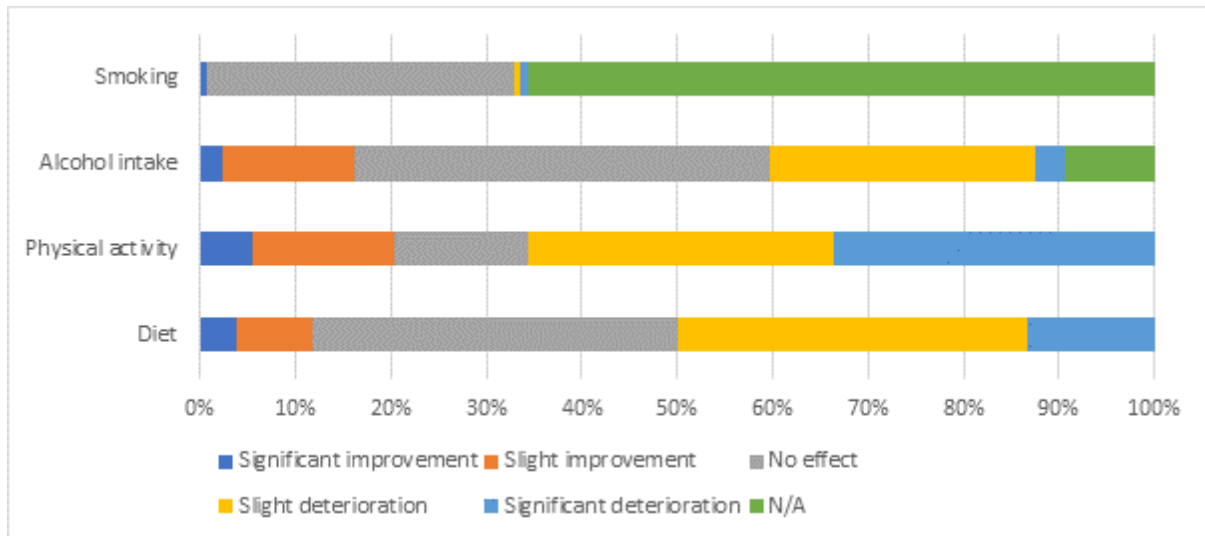
1. How do you rate your current physical health and wellbeing?



2. How has your physical health and wellbeing during the pandemic affected your work and personal life?

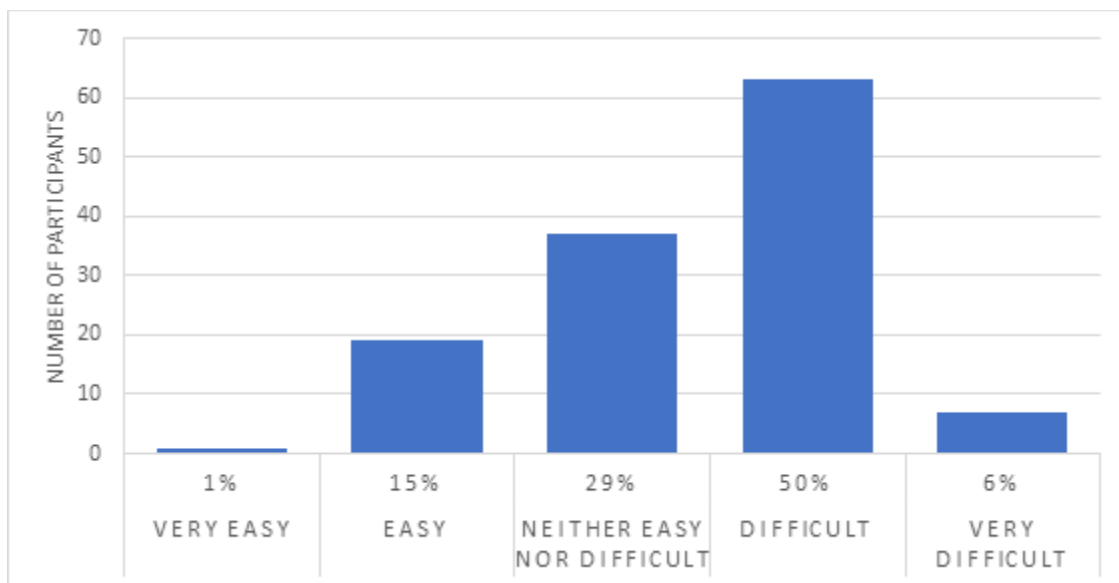


3. What has been the impact of the pandemic on...

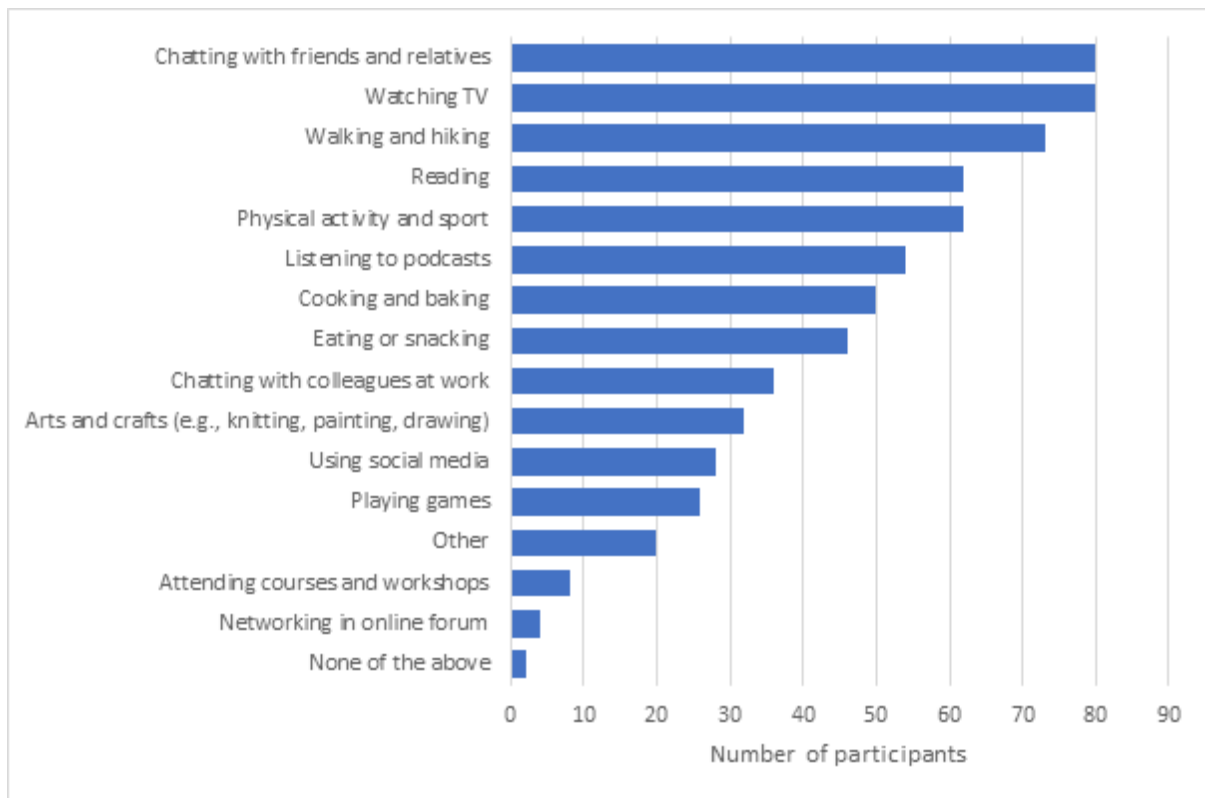


Coping mechanisms and support

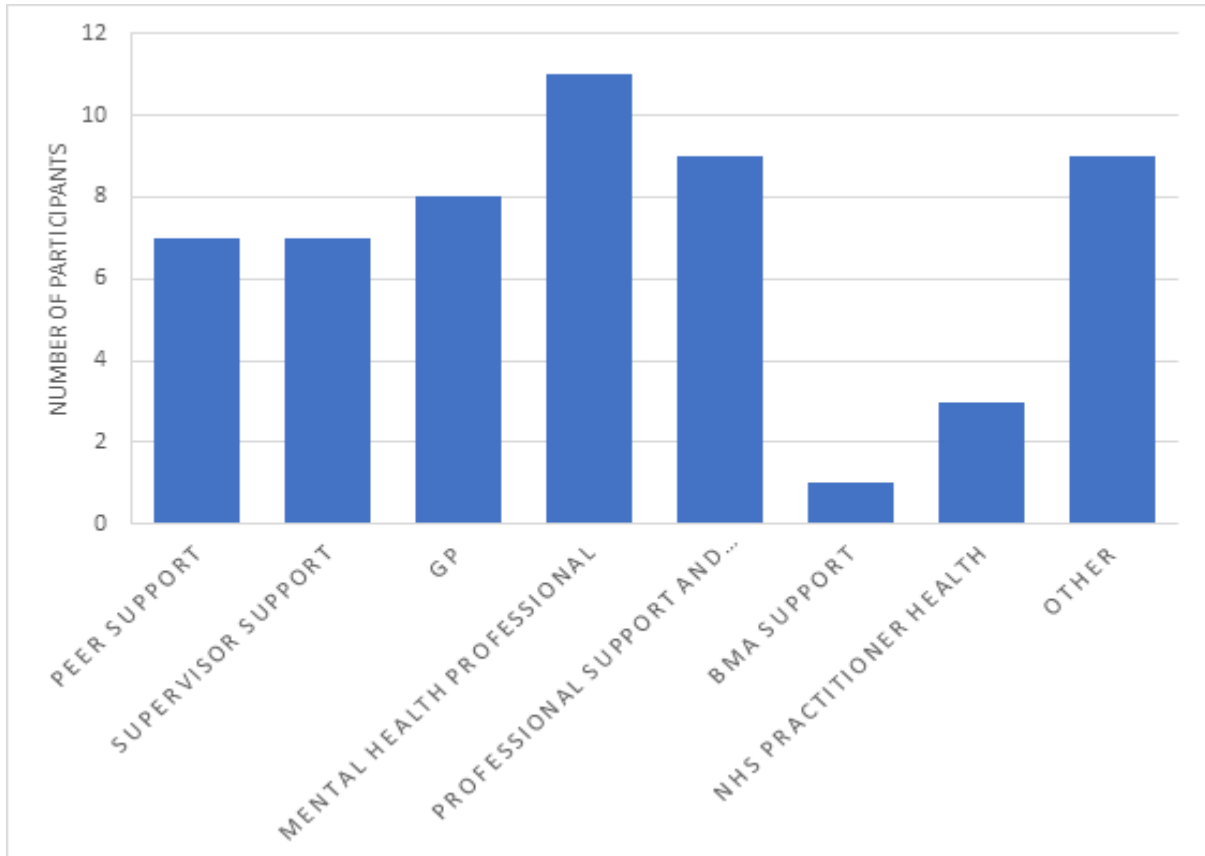
6. Overall, how easy have you found it to cope with the pandemic and the impact it has had on your personal and professional life?



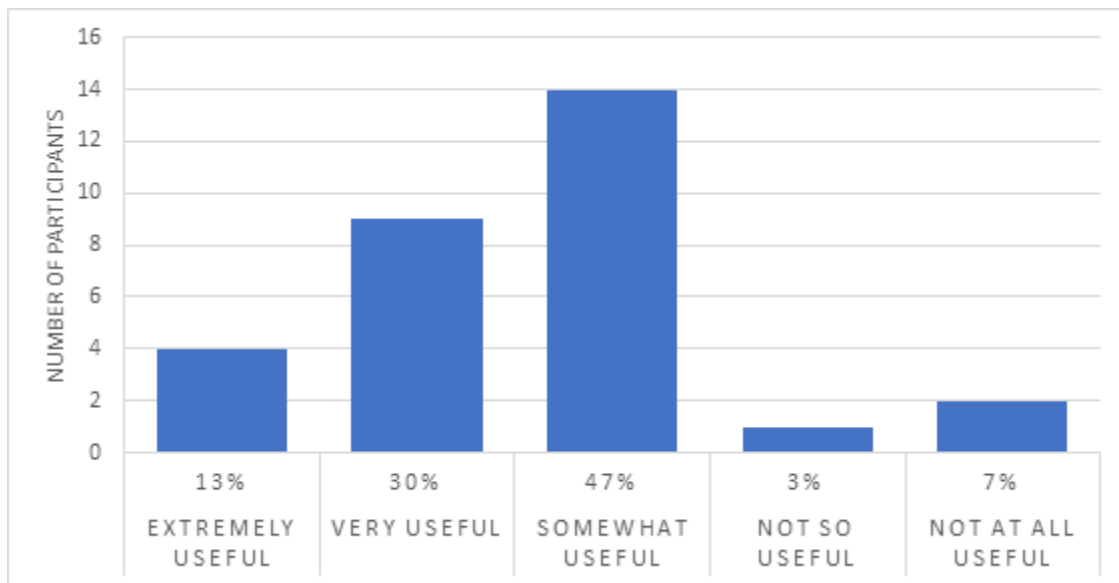
7. What coping mechanisms have you been using successfully?



8. What kind of support have you accessed?

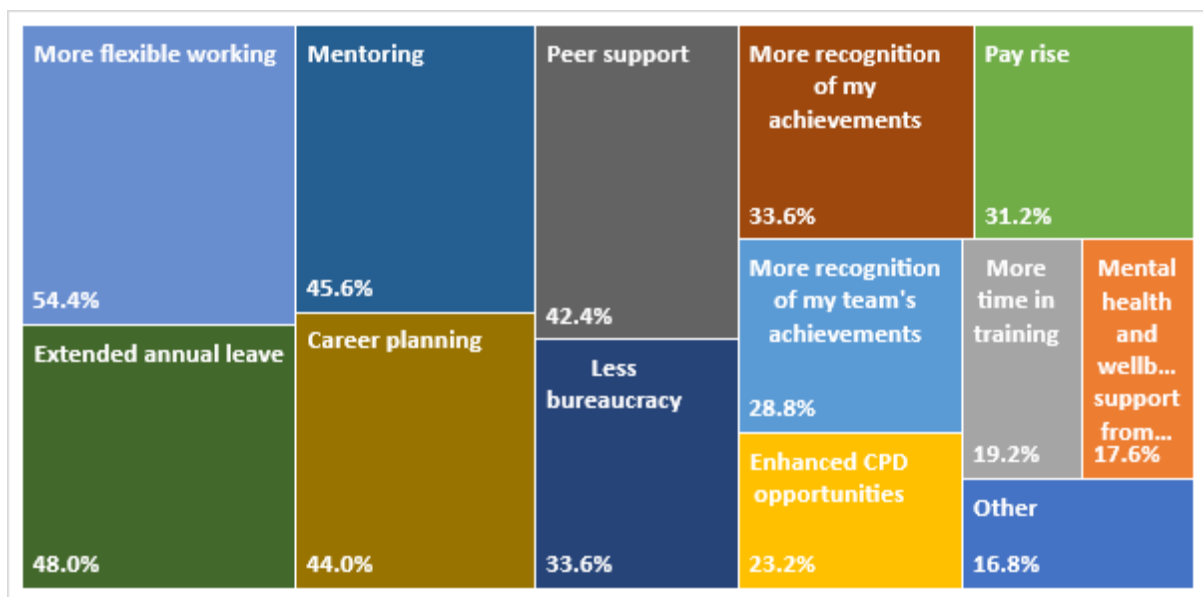


9. How useful was the support you received?



Recovery

10. What would help you recover from the COVID-19 pandemic?



Consultants

The most common consequence for consultants/DsPH was a substantial increase in workload (77 per cent), followed by missed or delayed annual appraisal (53 per cent) and diversion to the acute response to COVID-19 (52 per cent). About 48 per cent experienced uncertainty due to ever changing guidance from central authorities and changes to their formally agreed job plan and taking unfamiliar roles. On a positive note, 40 per cent noted they had further opportunities to improve their health protection skills.

In contrast with trainees, opinions were more divided about changing career, with 48 per cent saying they agree or strongly agree with it. Nonetheless, 44 per cent considered that COVID-19 had a neutral impact on their career aspirations and 28 per cent a positive impact, with only 18 per cent considering that it had a negative impact.

Most rated their mental health and wellbeing as fair (34 per cent) or good (24 per cent). As for trainees, the most common symptoms were fatigue, which almost three in four experienced often or always, followed by emotional exhaustion and frustration. Anxiety, isolation, depression, and being overwhelmed were experienced at least sometimes by more than half of the consultants.

Poor mental health and wellbeing had a stronger impact on personal than professional life, particularly on sleep, leisure, family time and satisfaction with life. From a professional perspective, engagement with work was the most severely penalised, with up to 80 per cent reporting it at least sometimes. The most common causes of poor mental health and wellbeing were work stress and unmanageable workload (69 per cent), followed by government response to the pandemic (40 per cent), limited ability to influence (32 per cent), uncertainty about the future (28 per cent) and social isolation (27 per cent).

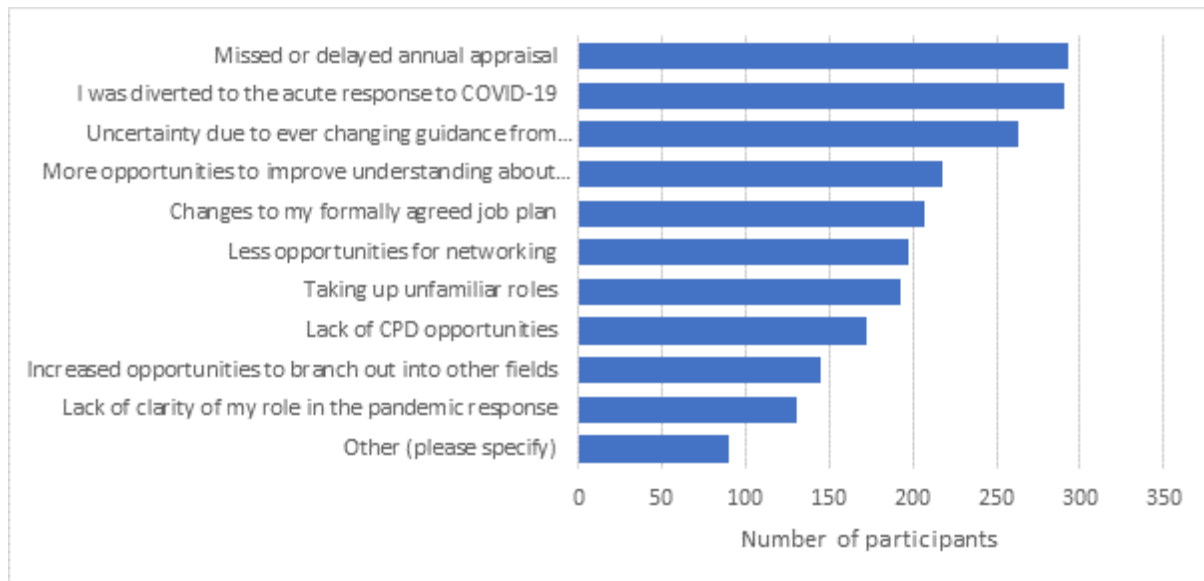
Physical health and wellbeing were mainly rated as good (34 per cent), fair (27 per cent) and very good (24 per cent). As for trainees, physical health had a lesser impact on personal and professional life than mental health, but the consequences were more marked on professional than personal life (e.g. satisfaction and engagement with work, productivity). The pandemic was also reported to have a negative effect on physical activity (70 per cent) and diet (55 per cent). Although many found it difficult to cope with the pandemic (42 per cent), a substantial proportion considered that it was neither easy nor difficult (34 per cent). The most common coping mechanisms were walking and hiking (58 per cent), watching TV (50 per cent), chatting with friends and relatives (47 per cent), physical activity and sport (39 per cent), reading (39 per cent), and cooking and baking (30 per cent).

About 15 per cent (50/335) of consultants said they had accessed formal mental health and wellbeing support, mainly from mental health professionals and GPs, and they almost universally felt that support was useful, at least to some extent. About 84 per cent said their organisation offered mental health and wellbeing support. Only 10 per cent were unsure about this, which is lower than among trainees.

In terms of recovery, the most common support measure was extended annual leave (55 per cent), followed by flexible working (46 per cent), recognition of team's achievements (44 per cent) and personal achievements (41 per cent).

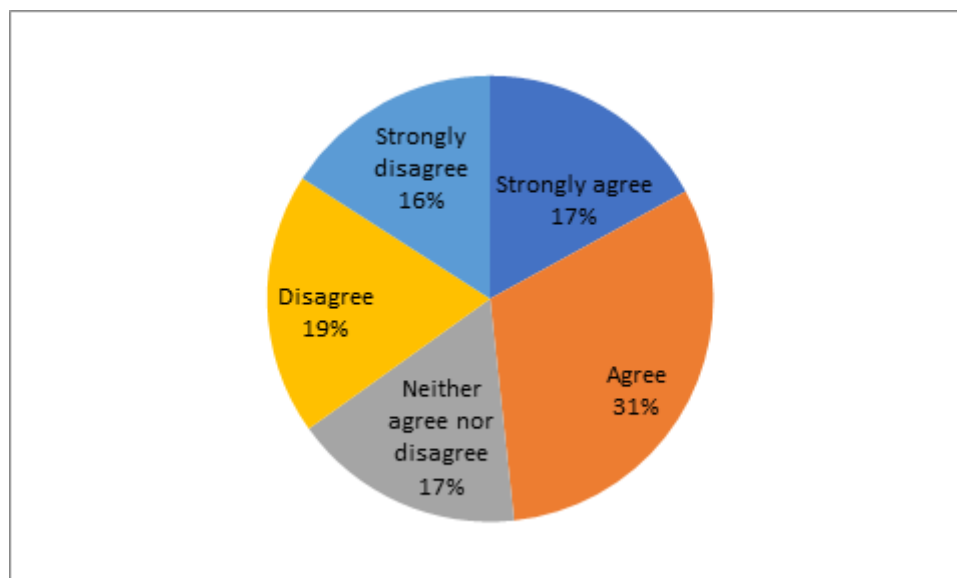
Impact on career

1. Overall, what were the consequences of the pandemic on your routine job?



Common free text responses involved the difficulties in remote working, (including being able to properly support or be supported by their team, and tech difficulties), delays in being able to produce or progress any non-COVID related work, and the generally increased workload, (including variable and unsocial hours), and concerns over job security. Many respondents came out of retirement to help with the contact tracing efforts.

2. COVID-19 made me reconsider my career. Do you...

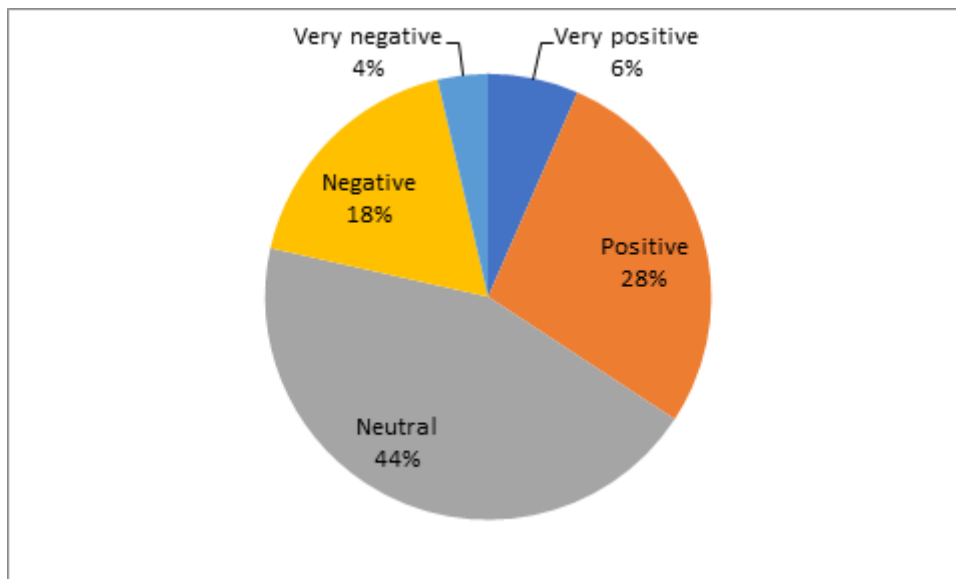


In-depth insight

“It made me realise my extended family matter more than my work...”

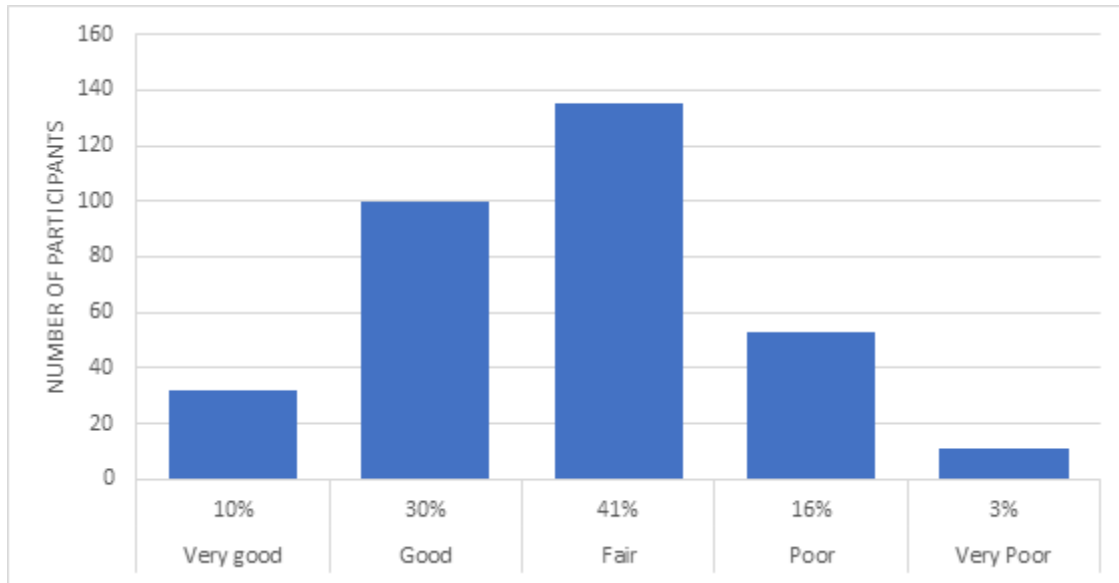
The issues of exhaustion and burnout were common and exacerbated by the unclear restructuring of public health, with multiple consultants taking time off, reducing hours or considering earlier retirement. On the other hand, several consultants found benefits to their working experience during the pandemic. Among the positive consequences, they mentioned establishing new collaborative networks and relationships with colleagues and seeing the potentially higher profile of public health as important for further career development.

3. What has been the impact of COVID-19 on your career aspirations?

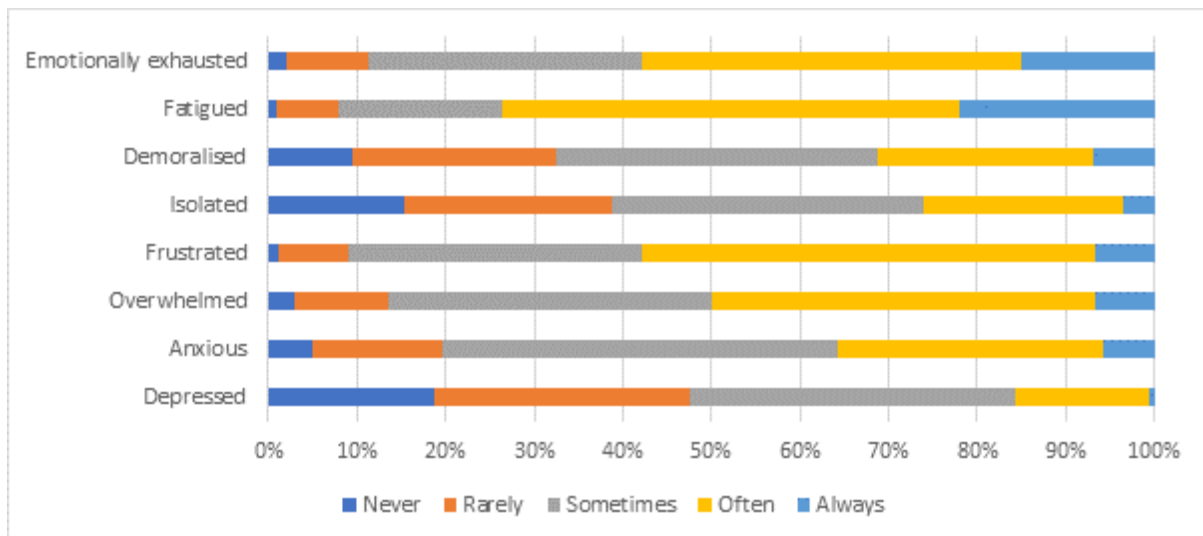


Mental health and wellbeing

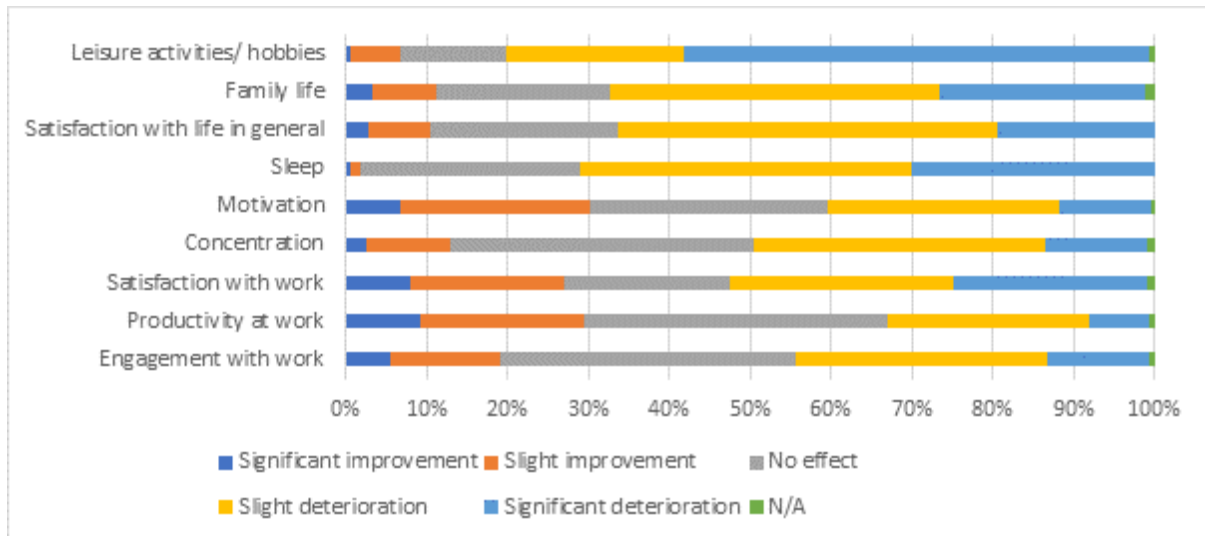
5. How would you rate your current mental health and wellbeing?



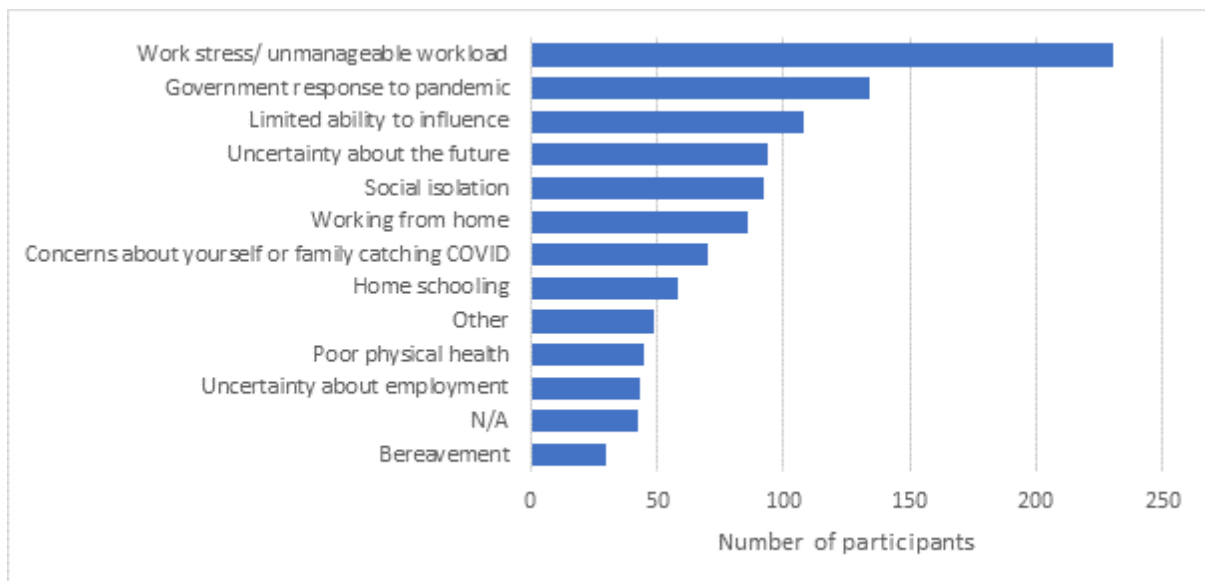
6. During the pandemic, how often have you felt:



7. What impact has your mental health and wellbeing during COVID-19 had on your work and personal life?

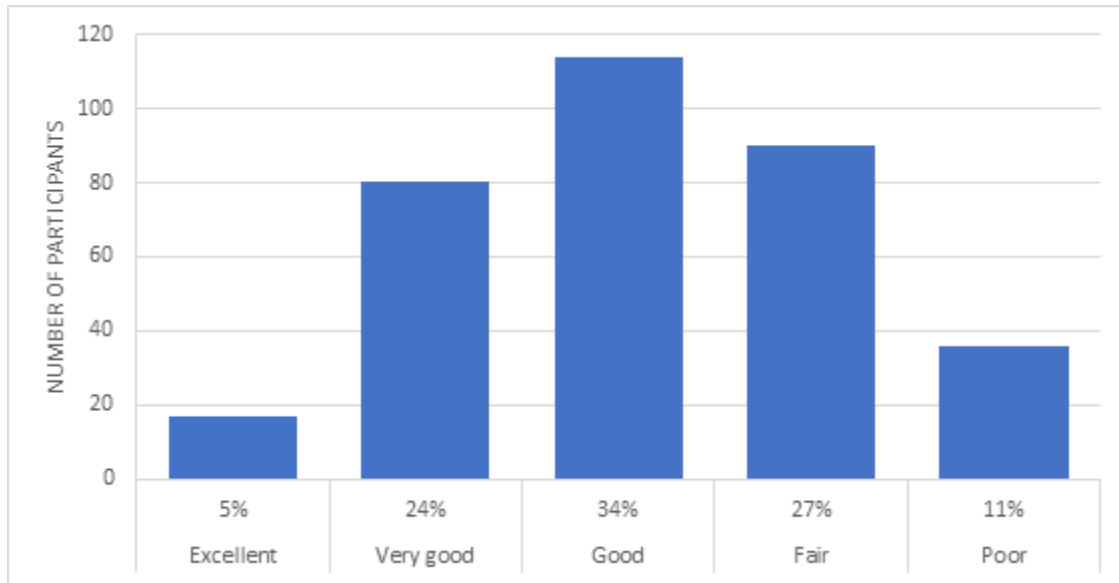


8. If you have struggled with poor mental health and wellbeing, what have been the causes of this?

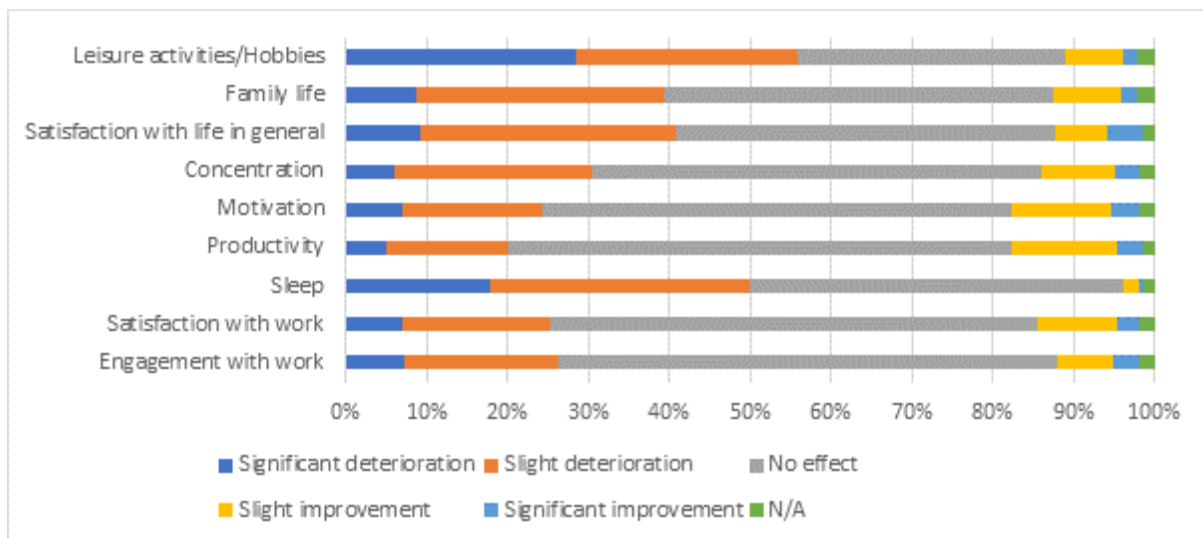


Physical health and wellbeing

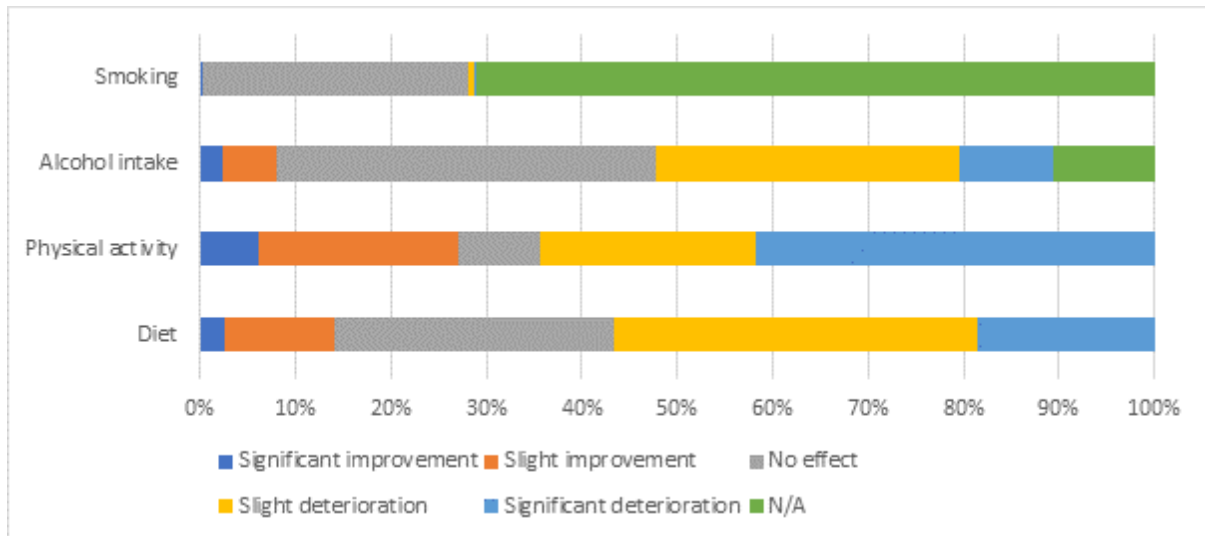
4. How do you rate your current physical health and wellbeing?



5. How has your physical health and wellbeing during the pandemic affected your work and personal life?

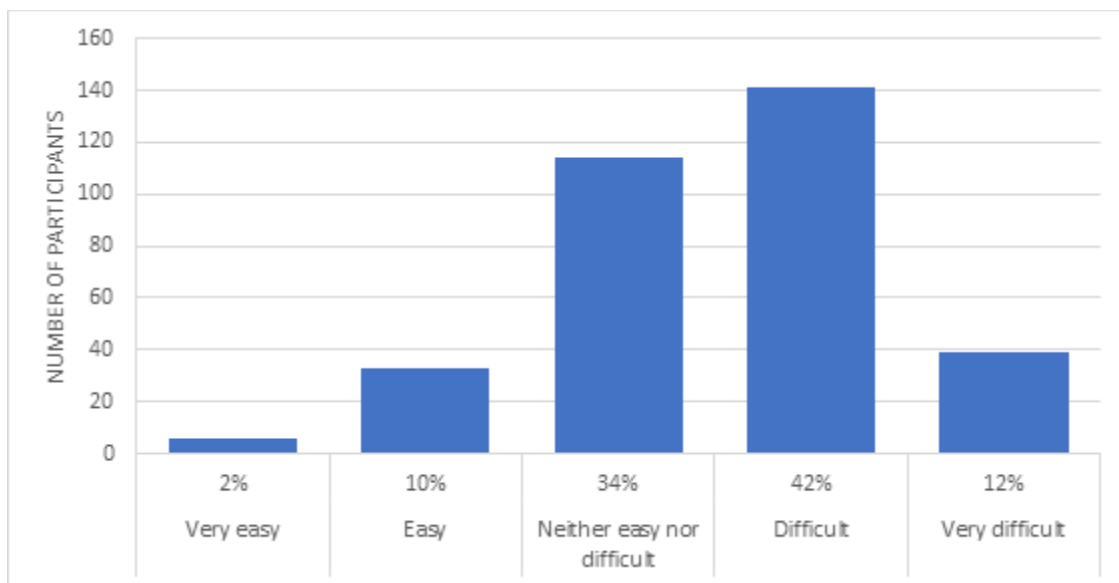


6. What has been the impact of the pandemic on...

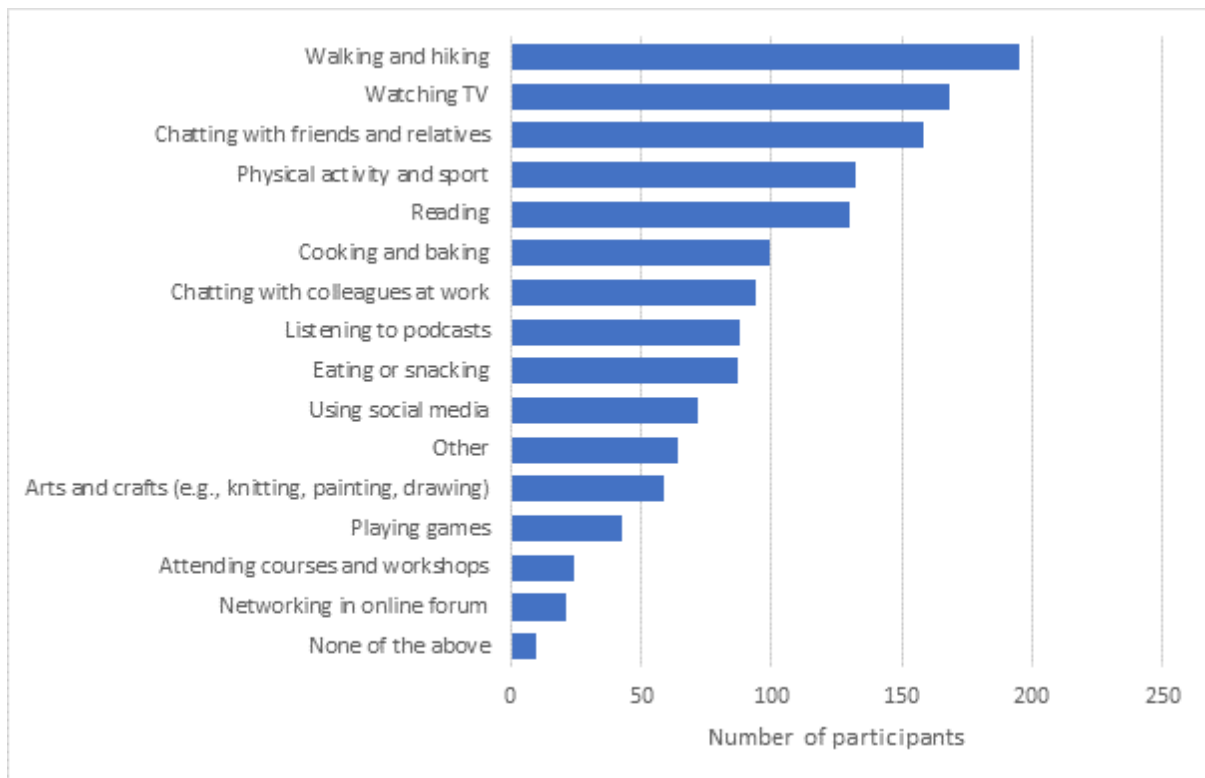


Coping mechanisms and support

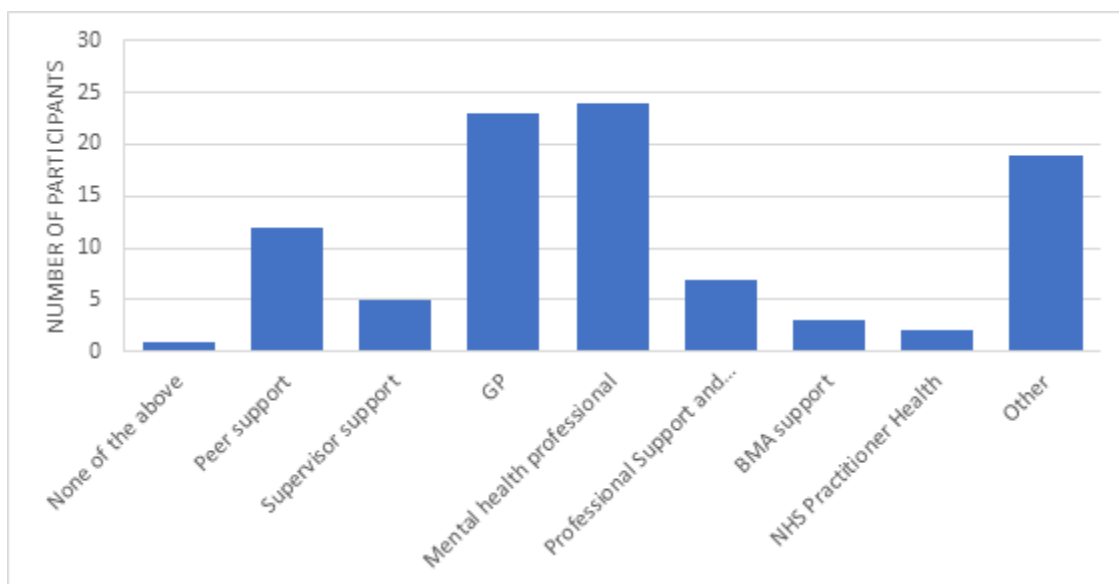
11. Overall, how easy have you found it to cope with the pandemic and the impact it has had on your personal and professional life?



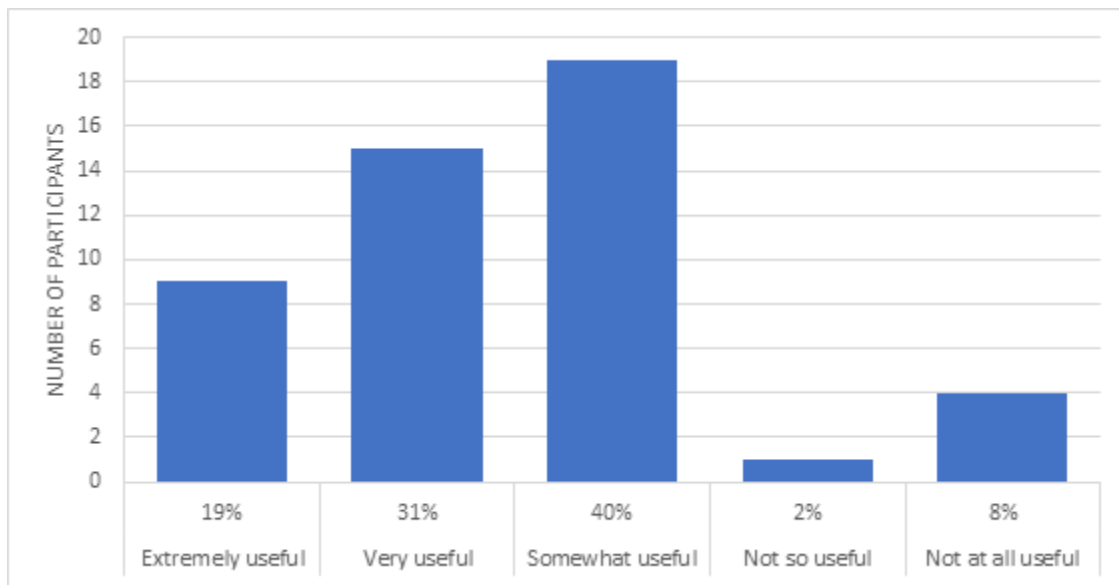
12. What coping mechanisms have you been using successfully?



13. What kind of support have you accessed?

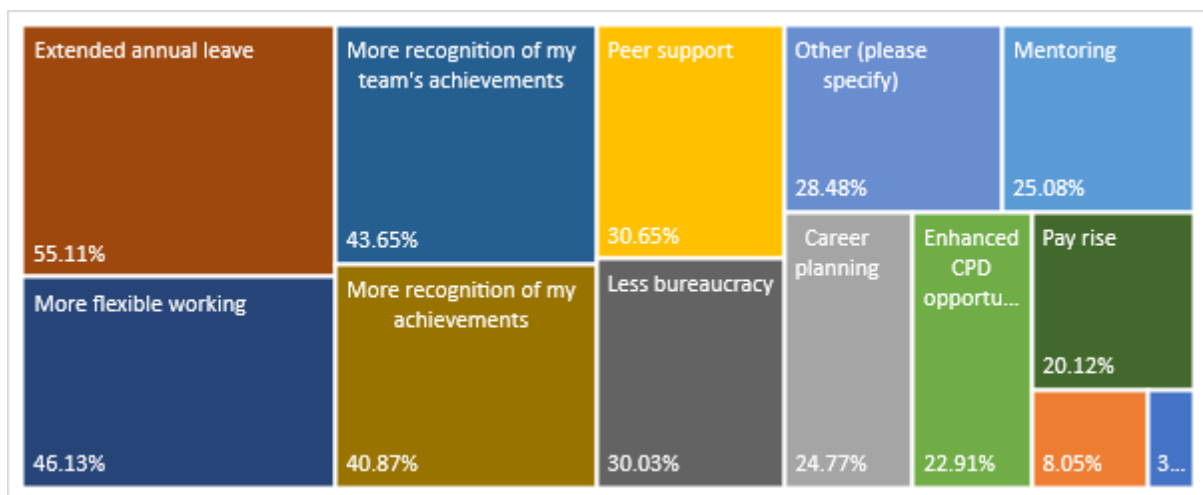


14. How useful was the support you received?



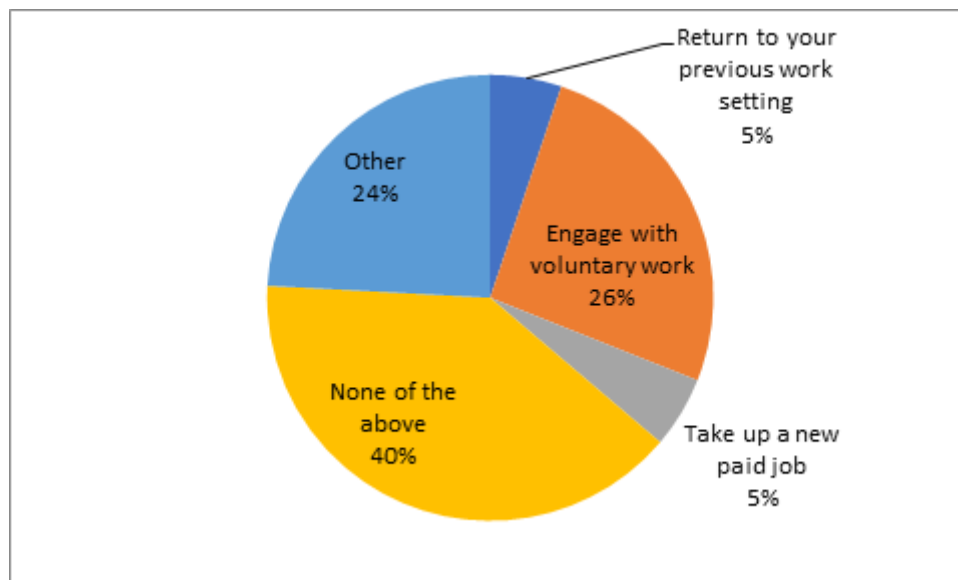
Recovery

15. What would help you recover from the COVID-19 pandemic?



Retired members

1. As a result of the pandemic, you had to



Many retired members returned to work in some capacity in both paid and voluntary roles, including contact tracing, communications, giving advice and guidance at a local level, and providing vaccines. Several responses noted the difficulty in being able to get involved in the Test and Trace programme, particularly early in the pandemic. The inability to see family was by far the biggest hardship mentioned, with several members shielding or being unable to see relatives in care homes.

Conclusions

Overall, this survey compellingly illustrated that the COVID-19 pandemic had a significant impact on the mental and physical health and wellbeing of the public health workforce, which then had wider consequences on their personal and professional life. There are two broad, cross-cutting themes, which are fatigue and the need to recover. This is reflected by the plead for extended annual leave, which was the main request from both consultants and trainees. The pandemic has required a major response 18 months so far and the public health workforce has been on the forefront of the pandemic response since the very start. Contrary to the relative calm that allowed NHS staff to recover in between COVID-19 waves, the public health workforce had no time to rest and recover as the public health response continued at speed during inter-wave periods. It is, thus, unsurprising that feelings of fatigue and exhaustion are common and time to recover, for instance, by extended annual leave is both justified and well deserved. However, the uncertain evolution of the pandemic over the coming months raises concerns as to whether rest will be possible. Moreover, the disestablishment of Public Health England, which affects a significant proportion of the public health workforce, creates further instability and uncertainty at a time when the workforce is emotionally tired and in need of stability and security. There are also planned changes in the other nations of the UK.

The pandemic brought into sharp focus the importance of a healthy work-life balance. This may underpin the desire demonstrated by many for flexible working patterns, such as working from home, hybrid models, or part-time working. These would mitigate against the negative impact the pandemic on personal life, as the unprecedented increase in workload experienced across the board compromised time spent with family and in leisure activities. In addition, the 'forced' experience of working from home made many realise that the daily commute was tiring and unnecessary. The pandemic also illustrated how we can sharply reduce our carbon footprint by avoiding unnecessary travelling, including commuting to work. On the other hand, others may have missed the daily commute and the benefits of office-based working and are, hence, looking forward to returning to the office as soon as feasible and safe. Therefore, hybrid models of working may be the way forward in many public health organisations. However, these are not without challenges, as public health involves multidisciplinary team working, which may be difficult if teams are spread across office and home-based working on different days.

Although rating of mental health and wellbeing was comparable between trainees and consultants, with most rating it as fair or good, the underlying reasons were different. Trainees reported that social isolation, work stress/overload and working from home, whilst consultants were equally affected by work stress/overload followed by government's response to the pandemic and limited ability to influence. These differences are likely explained by their perceived roles in the public health system. In keeping with this, recognition of team and individual's achievements were key priorities for recovery for consultants but not for trainees, with the latter ranking higher opportunities for mentoring, career advice, and peer support.

COVID-19 had inevitably a significant, yet variable, impact on the careers of public health trainees and consultants. Trainees appeared to be more optimistic than consultants when assessing the consequences for their career aspirations. Consultants were also more likely than trainees to reconsider their career aspirations as a result of the pandemic, with many considering early retirement or a career change to prioritise their family, health and personal interests. Nonetheless, both consultants and trainees agreed the pandemic had some benefits, as it allowed many to improve their health protection skills, expand their portfolio or training opportunities. Stepping out of their 'comfort zones' may have been an opportunity for many to (re)discover an interest in health

protection and widen the power and influence of public health at local level, as reported in qualitative answers.

Despite the difficulties experienced at many levels, with many reporting that they found it difficult to cope with the pandemic, only a small fraction of the workforce actually sought professional help. Those who did were almost consensually in agreement that it was useful, at least to some extent. Of notice, almost one in three trainees reported not knowing whether mental health and wellbeing support was available at their organisation, which is much higher than among consultants (one in ten). Although this may be due to the fact that trainees rotate between organisations and may not have time to know what support they can access, it may be good to ensure that support is available through the deanery.

In conclusion, this survey demonstrated that the COVID-19 pandemic had a substantial impact on the personal and professional lives of public health consultants and trainees. This, in turn, had mixed consequences on their physical and, especially, mental health and wellbeing. There was consensual recognition of the burden posed by an often-overwhelming workload and unfamiliar challenges, yet many also saw the wide acknowledgement of the importance of public health and opportunities for flexible working as silver linings to the pandemic. Even though the survey undeniably demonstrated the resilience of the public health workforce, it also highlighted the need to allow them to recover to be able to tackle the challenges ahead in the pandemic aftermath, from addressing longstanding health inequalities, mitigating climate change and fending off emerging threats.

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