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MAKING THE MOST OF SHIELDING

Making the most of shielding: covid-19 is exposing the unpaid carers in NHS workforce

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Perhaps identifying those who are clinically vulnerable has been one of the kindest endeavours this year.¹ Letters of support and guidance from the NHS and the NHS Volunteer Responder Scheme, and guidance from NHS Employers for working from home² and supporting staff with childcare responsibilities,³ are compassionate initiatives that recognise the importance of facilitating work and embracing personal circumstances.

A 2019 Carers UK report shows that one in seven people in the UK are juggling work with unpaid caring responsibilities,⁴ although specific data about the number of unpaid carers or the number of unpaid carers shielding are not available for the NHS workforce.

Those who are shielding to take care of a vulnerable child or family member have coined their own term—"shielding by proxy." Doctors shielding and shielding by proxy have contributed to non-clinical work⁵ and many have continued to do significant clinical work remotely without reducing their hours.¹ Although there may be a determination to continue to work and train despite challenging circumstances, guilt may also contribute to the vulnerability of those shielding and especially those shielding by proxy.

As we prepare to return to normality it is imperative that NHS Employers, NHS trusts, and health education bodies consider whether return to business as usual blinds them to the ongoing caring responsibilities of this workforce.

Covid-19 has shown us that clinical and non-clinical work, as well as clinical training, can be safely carried out remotely. Perhaps when we recognise unpaid carers in the NHS, the compassion shown to those shielding by proxy will pave the way for a new normal⁶ in healthcare.

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Full response at: www.bmj.com/content/369/bmj.m2443/rr-0.

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