

Correspondence

'Shielded' anaesthetists and intensivists during the COVID-19 pandemic

We are clinicians who are part of the 'shielded' or 'extremely vulnerable' group, as determined either by the government [1] or local policy. Whereas we appreciate the unprecedented and rapidly evolving nature of this situation, our group has been conspicuous by its absence from organisational guidance. The unexpected and frustratingly unique position we are in is strikingly different from our lifestyles of 2 months ago, and currently there is no exit strategy.

Public Health England has offered no guidance with regard to employment in its shielding document [1, 2]. Whereas we have been making efforts to support frontline work from home, we have had mixed results. Barriers include physical distancing leading to reduced communication, lack of IT provision and confidentiality issues surrounding healthcare data.

The guidance for those shieldings is simple: "*Stay in your house, do not attend any gatherings, strictly avoid contact with those displaying symptoms*" [1]. The initial shielding period is due to end on 30 June, though it is likely to be extended. With plans to re-introduce normal working patterns across the NHS, we look to organisations, including the Royal College of Anaesthetists (RCoA), the Faculty of Intensive Care Medicine (FICM) and the Association of Anaesthetists, to help identify barriers and potential solutions to enable our safe, supported return to clinical duties.

National guidance is limited. Pregnant staff have been offered an interpretation of the guidance by the RCoA/FICM/Royal College of Obstetricians and Gynaecologists, reflecting the associated risk involved with our clinical practice [3, 4], whereas those advised to shield have not as yet. The RCoA/FICM have acknowledged the uncertainty around how and when the shielding requirement may be lifted and that it will likely be on a case by case basis [5]. Whereas this acknowledges shielding, it lacks specific strategies/ advice for individuals, departments, Trusts and Deaneries going forward. A framework adaptable to individual

circumstance that enables future planning should be developed. We strongly believe this is possible in order to support the inevitable upcoming transition period.

Shielding anaesthetists and intensivists have some areas of concern; common themes include guilt, and a sense of being forgotten. Many departments have been incredibly supportive, but with little official guidance. There are feelings of anxiety and uncertainty regarding our futures, as anaesthetists and clinicians. Whether as a consultant, specialty doctor or trainee, working in their usual capacity has ceased for as long as the threat of COVID-19 remains.

There will be training implications for many and some have concerns about returning to work, meaning discontinuation of clinical care or early retirement. Departments across the UK are now asking 'how can we welcome shielding staff back to clinical settings safely'? We invite open discussion with key stakeholders on how we can facilitate our safe return to work.

We are unsure how the guidance may evolve. Flexible return to work programmes and appropriate risk stratification are going to be key. Perhaps the option of working at clean sites could be explored [5]?

We would welcome the chance to work with national bodies to address the following:

- 1** Provision of guidance for anaesthetic departments with shielded staff.
- 2** Advice for individuals, departments and deaneries regarding options for redeployment and training.
- 3** Development of a framework to assist in return to work planning.
- 4** Improved support for those shielding.
- 5** Longer term suggestions for work and training should the shielding period be extended beyond 30 June.

We thank you for enabling us to highlight our concerns and are hopeful that this will act as a catalyst for action.

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‘Shielded’ anaesthetists and intensivists during the COVID-19 pandemic: a reply

We thank Dr Iloff et al. for raising the important issues affecting doctors who are, or have been, in the ‘shielded’ or ‘extremely vulnerable’ group during the COVID-19 pandemic [1].

We are aware that many colleagues, because of individual risk factors, have been community shielding, workplace shielding or have been undertaking duties vastly different from their usual scope of work. We recognise that some will feel lonely, forgotten, guilty or bored. Many may be anxious about returning to work, with concerns regarding their safety, combined with the challenge of managing constantly changing guidelines.

This is a time of immense change. Priorities could be different for shielding anaesthetists. Options include: giving up work; a sabbatical; working from home; returning to non-clinical work; returning to lower risk work; returning to work with mitigation; a career change; or even retiring. Shielding doctors might consider accessing an Association-trained mentor (<https://anaesthetists.org/Home/Wellbeing-support/Mentoring/What-is-mentoring>).

This might help find a way through the current challenges supported by someone completely outside the process and therefore allowing a focus on individual needs. It is likely that individual doctors have many skills and there may be options that come to mind once time and space is given to consider what the real priorities are.

The Association has been involved in producing *Vital Signs*, a guide for anaesthetists seeking help and advice during the COVID crisis (https://anaesthetists.org/Portals/0/PDFs/Guidelines%20PDFs/Vital_Signs_in_Anaesthesia2020.pdf) and this contains much general information that returnees may find valuable. For colleagues who are shielding, our website has an article with simple strategies to maximise the day and maintain physical and mental well-being (<https://anaesthetists.org/Home/Resources-publications/COVID-19-guidance/Maximise-your-day-while-shielding>). The Association is currently preparing additional information to include in *Vital Signs* for returning clinicians and for those who are currently shielding. Dr Sethina Watson gave a talk about the impact