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voice



COVID-19:
what's next?

voice

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PHYSICIANS



19 COVID-19 WHAT'S NEXT?

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FROM THE PRESIDENT

College President Professor Jackie Taylor writes for voice.

Our world has changed since the last edition of “Voice”, and it has probably changed forever. The COVID-19 pandemic has been a global phenomenon which is still marching inexorably around our world. We are all at different phases of impact and recovery, but we have all been touched by its course personally and professionally. Ironically the statement *“a geopolitical crisis, major global recession or cataclysmic pandemic will be the most likely driver of change”* appeared in the recent Future Doctor call for evidence - what an alarmingly prescient statement.

From a healthcare perspective all countries have had to rapidly change how they deliver services. There have been innumerable examples of innovation, team working and digital transformation, combined with a healthy dose of the rolling up of sleeves and getting on with the task in hand. “We are all in it together” is a phrase which may sound familiar (!) but within healthcare that has without doubt been the dominant philosophy and staff of all grades, from all disciplines have worked tirelessly together for the common good. The response has been outstanding and I would like to express my gratitude to staff for showing such professionalism, commitment and selflessness. We have had a great sense of purpose and of belonging. We need to hold onto those important factors as we move forward.

As a College of almost 15,000 members from 92 countries we are acutely aware of the global impact of the pandemic and of how important it is to share the learning from different environments. Those shared experiences, supported by digital technology, give us the opportunity to be connected and to learn from each other as never before. Within college our digital transformation is underway. I hope you will have had the chance to participate in some of our webinars which give a taste of what can be achieved. It has taken a travel ban to teach us that we can engage with our members very effectively,

without jumping on a plane and travelling thousands of miles. That sense of being connected and part of a “virtual” college has been very powerful. Under the leadership of our International Director and Vice President (Medical) Professor Hany Eteiba and supported by our Global Engagement Team I am confident it will flourish.

Our College has always recognised the importance of being part of a global health community. Many of you will remember the excellent report on Global Citizenship, produced by Director of Global Health Mr Mike McKirdy and Stuart Fergusson, then our clinical leadership fellow. We continue to play an active role in advocacy and more practically in the development and support of postgraduate medical and surgical education and training in Malawi in particular. Professor Jeremy Bagg, working with University of Glasgow and Scottish Government has also led the foundation of Malawi’s first Dental School, an achievement which we are extremely proud of.

Immediate Past President Professor David Galloway, who was pivotal in developing our Global Health strategy, travelled to Zambia last year and with his daughter Jenni spent several weeks operating in a rural area of the country. As many of you know, David is a wonderful writer and he and Jenni have written a book about their experiences entitled “Controlled Chaos: Surgical Adventures in Chitokoloki Mission Hospital”. All proceeds for the book sales go to the hospital - you can find out more elsewhere in this edition of voice.

The last couple of weeks have witnessed some other seismic events. The death of George Floyd in terrible circumstances has ignited worldwide condemnation of discrimination. As a College we denounce injustice in all its forms. One of the priorities which I chose for my presidency was to make us a more inclusive college. We have recently been developing a new Equality and Diversity Policy. We have a very clear set of values and behaviours which speak of community,

inclusivity and integrity. The response to our call out to you as College members to tell us about yourselves, your stories, what motivates you, has been overwhelming and has built that sense of community from the ground up. It is by building communities and partnerships that we will eventually overcome unfairness and discrimination. Everyone matters, and everyone matters equally.

Public Health England has published its report on the impact of COVID-19 on the BAME community. Sadly this report highlights once again the link between inequality in our society and health outcomes. Health inequalities are likely to be magnified as a result of COVID-19 and our restoration and recovery phase must urgently address these. What is particularly disturbing is the fact that BAME health and social care workers did not feel that measures to mitigate the risks to staff were applied equally across ethnic groups i.e. that there was evidence of discrimination within the workplace. We have called on the UK Governments to rapidly develop robust plans to implement the recommendations of the report, and commit to tackling wider health inequalities as a matter of national importance.

As each country in turn moves from crisis management to restoration of services, it’s important that we have a vision of what the “new norm” will be. We are currently asking members to send in their examples of good practice, so that we can all learn from them. In many countries there will be a significant number of patients waiting for elective activity which will have to be addressed. New ways of working and use of digital technologies will play an important role, but our actual capacity to see patients will be significantly impaired. It is vital that the messaging to the public begins now and is both compassionate and clear.

COVID-19 has brought the wellbeing of the workforce into sharp relief. As you know, this too has been one of my priorities over the last 18 months. I am encouraged that we are making progress here. “Wellbeing” is well and truly on the agenda as it

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A geopolitical crisis, major global recession or cataclysmic pandemic will be the most likely driver of change.

should be. Staff are fatigued and traumatised by the COVID-19 pandemic, and now face a period of “catch up” activity. It will be essential over coming months that all staff feel supported. We have called for a national approach, and in Scotland we have been able to influence this. Due to our lobbying and support of other stakeholders a new Wellbeing Division has been commissioned within the Scottish Government Workforce Unit, and a practitioner health service, which will focus on staff with mental health issues is being urgently developed. Our own website offers many useful resources and our annual “Making Life Work Better” conference has a fantastic programme and will go ahead on 17 September and will be delivered virtually.

It will be essential for the wellbeing of staff that short term rotas are stepped down and that staff have the chance to recuperate before any potential second wave. The desperate requirement to restart planned care cannot be achieved by asking doctors to work in an unsustainable way. There are huge workforce, recruitment and retention issues to resolve and we are actively involved in trying to address these.

Just as now is the time to remobilise and restore healthcare, it is also the time to prioritise all of our other professional responsibilities. Time must be available for teaching, education, continuing professional development to ensure that we can help our doctors in training through their career progression. Without that dedicated time in the working week for these important tasks, we risk failing our trainees and jeopardising the availability of our future consultant workforce.

COVID-19 has been a global phenomenon which has resulted in great loss, sorrow and hardship. There will be many lessons to learn and so it’s vital that we review our actions and processes in a positive and constructive way. As we enter the recovery phase, the focus now must be on building on the positive attitudes and many rapid developments we have seen to ensure we can deliver the best possible care to patients now and in the future.

Digital Education for Physicians

Clinical

Clinical decision making during COVID-19
Managing diabetic patients during the COVID-19 pandemic
Post-ICU Complications and their management
Stroke services and COVID-19
Beyond the open lung: Emerging therapies in ARDS
Tracheostomies in critical care: Evidence, indication and safety



Wellbeing

Self-care for health professionals during COVID-19
Self-care in self-isolation
Caring for the workforce - a focus on wellbeing

End of Life Care

End of Life Care in COVID-19: Ethics and Communication
End of Life Care in COVID-19: Symptoms
Difficult Discussions at 3am
Using RED-MAP - Talking about Planning Care, Death and Dying
Sedation and end of life care

More COVID Digital Learning

COVID-19: Informing our practice
Testing for SARS-CoV-2 infection: the Science
COVID-19: How do we re-mobilise the health service?
The new normal: sustainable leadership lessons from lockdown
Dealing with medical law and ethics regarding COVID-19
The Seven Questions - a leadership tool to take the stress out of planning

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