



17 April 2020

RCSI COVID-19 Update: To Fellows and Members

I hope that you, your families and colleagues remain safe and well.

Since early March of this year, almost all non-emergency surgery has been cancelled in our public hospitals. While some time-dependent cancer operations and emergency surgery continues, this is variable across the country. Going forward, the big challenge for all of us, in particular for those making decisions locally, will be to make a **proportionate response** to the crisis in terms of **elective, emergency and time-critical surgery**.

The College is acutely aware of this challenge. We are currently preparing guidelines to **help support the resumption of urgent and time dependent surgery**. Our 29 April webinar will facilitate an in-depth discussion on “**Preparing for the recovery and the return to normal surgical service**” for the period following the easing of restrictions.

The **varying guidelines on PPE issued across the health service** over the last number of weeks have led to confusion and we know that PPE has been used in very different ways in similar settings. We all need to **avoid unnecessary risk** through potential viral exposure as a result of inadequate personal protection. Following discussions with the other professional bodies and the Chief Clinical Officer, I am pleased to say that **we now have agreement from Health Protection Surveillance Centre (HPSC) that all aerosol generating procedures should use full PPE**. The HSPC have now [updated their PPE guidelines](#) which we are happy to support.

We have also agreed that full PPE is only required for treating patients with confirmed COVID or suspected COVID and for all patients undergoing aerosol generating procedures. Supply remains a big issue and therefore as a limited resource it is important we ensure we follow a **consistent approach** to the **appropriate use of PPE**. We will continue to monitor the situation carefully.

We are aware that many of you have questions about the impact the current situation will have on **surgical training** and the **upcoming rotations**. We are working in partnership with the various bodies involved in surgical training to find the **safest and most pragmatic solution** to the current situation. Our position, and that of the other training bodies, is that

rotations in July would proceed as normal unless we have an instruction from Public Health that it is not safe to do so. More details of the impact of COVID-19 on surgical training can be [found here](#).

Our weekly webinar series aimed at supporting surgeons in practice during the COVID-19 crisis continued this week, with an interdisciplinary update on **'Airway Management during COVID-19'**. [New guidelines](#) on **Elective Tracheostomy Insertion in COVID-19 Ventilated Patients** were published during the webinar; these guidelines were developed by the RCSI Departments of Otolaryngology, Head and Neck Surgery, Anaesthesia & Critical Care Medicine and Respiratory Medicine.

Next week's webinar will update on the impact of COVID-19 on **cancer surgery**, with contributions from **Professor Arnold Hill**, NCCP National Surgical Oncology Programme Clinical Advisor, **Mr John Kinsella**, Head & Neck Consultant Surgeon at St James's Hospital, **Mr Eamonn Rogers**, NCCP, National Clinical Advisor in Urology, **Mr Paddy O'Malley**, Consultant Urologist and Robotic Surgery Lead at University Hospital Galway and myself. We also hope to be joined by a representative from the **Clinical Indemnity Scheme** to deal with possible litigation arising out of delayed treatment during COVID-19. You can register for the webinar, which takes place next Wednesday at 6pm GMT, [here](#).

The National Clinical Programme in Surgery (NCPS) is working with its clinical advisors to maintain a **focus on urgent surgical conditions** during the COVID-19 emergency. This includes patients with a possible diagnosis of cancer, but also those with a whole range of important clinical conditions ranging from peripheral vascular disease, inflammatory bowel disease, cardiac anomalies, and cleft palate surgery, as well as management of ureteric stents and many other critical interventions. Through our work with the clinical advisors and the specialty organisations, we are reaching out to surgeons in all areas to ensure that **patients requiring surgery are not overlooked** at this time. The NCPS also supports a weekly teleconference in conjunction with the **National Cancer Control Programme** to ensure that surgical issues are appropriately considered at this time.

The National Clinical Programme in **Trauma and Orthopaedics** is developing a **recovery plan** to be implemented, as COVID-19 restrictions are eased. The programme has also developed specialty-specific guidance for clinicians for the duration of the COVID-19 pandemic. You can watch our recent webinar covering current initiatives [here](#) and find further guidance for the **management of trauma and orthopaedic patients** [here](#).

A further webinar on the development of **trauma assessment clinics** will take place over the coming weeks. This is an innovative service that allows **patients' x-rays and medical notes to be reviewed remotely** from a computer by a consultant orthopaedic surgeon and a physiotherapist or nurse, without the patient having to attend an appointment at the fracture clinic in person.

I remain in regular contact with the Medical Council. Correspondence I recently received from the Council reminds us that all doctors should do their utmost to **maintain continuity of care** during this difficult period. We do, however, understand how challenging this is across the public and private sectors during this crisis. Examples of what we could do include checking

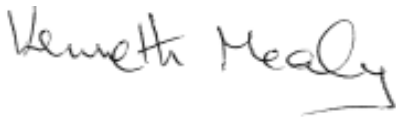
OPD lists to try to identify those who need urgent investigation or treatment or ongoing care.

The education team in the RCSI Department of Surgical Affairs is collaborating with **Dr Gerry McCarthy**, National Clinical Lead for Emergency Medicine and Consultant in Emergency Medicine, Cork University Hospital to produce a **Train the Trainer course in decision-making during the COVID-19 outbreak**. The course, to be delivered remotely, will promote preparedness among doctors and healthcare workers for the difficult decisions ahead.

As always, I commend you on your commitment to patient care during these extraordinary times. Please be assured that your College continues to advocate on your behalf.

Take care and stay safe.

Best wishes,

A handwritten signature in black ink, reading "Kenneth Mealy". The signature is written in a cursive, slightly slanted style. The first name "Kenneth" is written in a larger, more prominent script, and "Mealy" follows in a similar but slightly smaller script. The signature is positioned above the printed name.

Mr Kenneth Mealy

President, RCSI