

COVID-19: the role of the Royal College of Physicians of Edinburgh

Angela Thomas¹, Daisy Cunynghame¹, Christopher Graham², Lisa Rooke¹, Jeanette Stevenson¹

Abstract

The entire College, notably officers and staff, responded with resilience and versatility to COVID-19. We strove to remain at the forefront of medical education during rapid change in both medical care and the scientific evidence that supports it. Every department has had to adapt, indeed evolve, to tackle the pandemic, which affected all aspects of College work, notably education, training, examinations, heritage, policy and public affairs.

Several of the resulting changes will provide a strong foundation for the future development of the College. These innovations, especially in the nature and delivery of education, will both extend the reach of the College in years to come, and enhance its relevance. Effective though electronic communication has proved over the last 15 months, however, it cannot replace the social coherence and innate teamwork of a Royal College. So we look forward to re-engaging colleagues in the revitalised College.

Keywords: COVID-19; pandemics; education; training support; policy; public relations; marketing; alcohol-related disorders

Financial and Competing Interests: No conflicts of interest declared

Correspondence to:

Angela Thomas
Royal College of Physicians
of Edinburgh
11 Queen Street
Edinburgh EH2 1JQ
UK

Email: a.thomas@rcpe.ac.uk

The past year has seen unprecedented disruption across the global economy and throughout our society. In healthcare we have been at the forefront of tackling this pandemic and continue to experience the widespread impact of COVID-19. The College has managed these rapidly changing circumstances both responsively and proactively. All aspects of college work have been affected and each department has adapted and evolved. Some of these changes will stay and develop but the simple pleasures of meeting friends and colleagues can never be replaced and we look forward to the time when we can open the College again and welcome Fellows and Members back.

COVID-19 education and support

The College's education programme has adapted very rapidly to deliver both the planned programme and additional material to support our Fellows and Members during the pandemic. We have streamed COVID-19 webinars, and recorded podcasts. Over 16 weeks the College delivered 44 COVID-19 webinars on Thursday evenings to 14,889 participants in real time with 21,000 subsequent viewings online; participants from 118 countries submitted 1,715 questions. In parallel the Trainees and Members Committee (T&MC) delivered 12 podcasts with 4,544 listens on Soundcloud. The updated 'wellbeing' resources on the College's education portal were used by 6,571 people over that period, and the 'clinical' resources on the portal were visited by 6,930 people in the first month.

In March 2020 we suspended our MSc in Critical Care so Dr Graham Nimmo, MSc Co-Director, could lead a team from College and University to develop an open educational resource to support all those working in critical care for the first time or after a break. They repurposed 60% of content from the MSc and added COVID-specific resources. We chose FutureLearn as our technical partner to cope with a high volume of users and launched the resource in April 2020. The first run lasted 12 weeks; 40,300 healthcare workers enrolled and paid 1,130,000 visits (Figure 1). The resource reopened in June for a second run of 12 weeks, and is now on its third run, which will remain open as long as necessary. Some 50,000 people from 200 countries have enrolled to use it. In April 2021 we launched a new series of fortnightly COVID update webinars on Tuesday evenings.

Normal education

Early in the pandemic, the College resolved to maintain our planned programme of education, training and CPD. Fortunately we had over nine years of experience of streaming to remote delegates, covering 60 international sites for symposia, and 145 for Evening Medical Updates. So digital delivery of our full programme needed elements to be shorter and more interactive. As we had introduced 'Slido' software to enable delegates to use phones to ask questions in 2019, many delegates were already familiar with this. One of our biggest challenges was to scale up our services reliably: familiar with 1,000 delegates attending,

¹Royal College of Physicians of Edinburgh, Edinburgh, UK; ²Scottish Health Action on Alcohol Problems, Edinburgh, UK

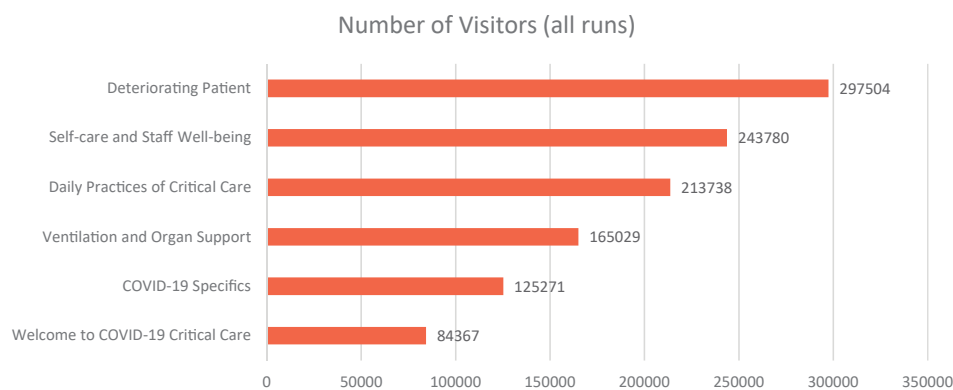


Figure 1 Visitors to COVID-19 resource

we suddenly had 4,500 logging on simultaneously. So we have spent the year exploring and testing new digital solutions, and making incremental improvements to run symposia, courses and workshops, informed by feedback from participants.

In the year from March 2020, we delivered 44 educational events that were not about COVID-19 to 27,282 delegates – greatly appreciated, especially the continuing provision of clinical updates and CPD. Our T&MC has extended the COVID-19 podcasts to Clinical Conversations, releasing new podcasts every two weeks to a growing number of followers. To enable delegates to enjoy full programmes, we now provide access to recordings of live events for 28 days afterwards. This attracts teams of participants from all time zones without requiring time off work or other responsibilities; and enables them to watch again at their convenience. As feedback has consistently valued these personal webstreams, the ability to pause watching, and the opportunity to ask questions either live or asynchronously, we shall maintain these new elements of our education programme. The highlight of the education programme was our 60th St Andrewstide Symposium, providing the traditional updates in Acute Medicine, but extended to four days and attended by 760 delegates from around the world, who viewed for a total of some 3,000 hours.

Regional events

The one workstream we paused for COVID-19 was our programme of regional conferences, originally scheduled to take place over full or half days in cities around the UK in 2020. Instead, towards the end of the year we delivered the first of a new workstream of short, digital, locally organised events – led by our Regional Advisors in the UK (UK Medical Updates – or UKMUs) or internationally (International Medical Updates – IMUs). So far we have held these in Belfast, Orkney and SE England; and in India, Nepal and Sri Lanka. These will now replace regional conferences; in this way we aim to provide local events for 80% of Fellows and Members.

Medical Training Initiative

Through the lockdown, we have supported 58 trainees on placement, all of whom have received visa extensions to compensate for disrupted training. The scheme subsidised

as new placements were put on hold; so many have now been converted for use for Internal Medicine Year 3, and will not be available for international trainees. Nevertheless 14 new placements started between March 2020 and March 2021, and 11 more have been confirmed, now that travel is becoming possible.

Examinations and the Federation of Royal Colleges of Physicians of the UK

The pandemic resulted in the cancellation of all MRCP(UK) assessments from March until September 2020. The Federation debated urgently how the assessments could be delivered safely and effectively during this period and beyond. This was a huge challenge as without MRCP trainees would be unable to progress their careers, but radically changing the exam required ratification by the GMC to maintain standards. As the MRCP(UK) is awarded internationally as well as in the UK, this extended both the problem and the possible solutions.

After extensive discussions, two successful pilots, and careful monitoring of changes, written examinations in the UK have moved from pen and paper to online for both parts 1 and 2, thus increasing capacity and reducing the risk of cancellation at short notice in any emergency. The Practical Assessment of Clinical Examination Skills (PACES), with direct physical encounters greatly valued by trainees as an assessment of key skills, was more challenging to organise. It was successfully modified so that examiners assessed two stations remotely with surrogate patients, and the other three stations used clinical screening and non-pharmaceutical interventions. PACES paused again during the second lockdown in the UK but restarted in March 2021, with timely lateral flow coronavirus testing wherever possible to ensure a safe environment. Since the restart in September 2020, more than 11,000 candidates have been examined across the world, and 1,400 candidates assessed by PACES, with plans to ensure we maintain this momentum.

Heritage

The College's library and heritage division has responded in several ways to the pandemic. We have created a network of over 30 volunteers to work remotely and meet via video conferencing. These volunteers include school and university

students, located not only in Scotland, but also in England, the Netherlands and the United States. They have assisted a range of projects, from developing school activities to transcribing digitised manuscripts. For example they have developed a new school resources kit about infections like COVID-19, describing how infectious diseases spread and how people can protect themselves. In addition free online events have disseminated the College's heritage to a far wider audience than before; topical subjects like epidemic photography and the history of Emergency Departments have proved popular with wide audiences.

But the most important contribution that heritage can make to a major pandemic is to capture the experiences of physicians working in these challenging circumstances and preserve them for posterity. To achieve this the College has collected photographs, diaries and interviews with physicians from a wide range of specialties and geographical locations. Future generations, historians and researchers will be able to access these resources to understand the challenges which medical professionals faced in providing treatment during an unprecedented crisis.

In March 2020 the College asked Fellows and Members to keep diaries of their experiences. The resulting submissions provide significant insight into the earliest days of the pandemic. Dr A, an acute medicine consultant, writing on 16 March 2020, noted that the abrupt cessation of non-essential work resulted in an 'eerie quiet' in District General Hospital Z, and that she had 'never seen a hospital so empty'.¹ This quiet was not a respite – but reminiscent of 'when the tide recedes before the tsunami arrives'.¹ This moment of calm on the wards did not reflect similar tranquility elsewhere – with much planning, co-ordination and adaptation in progress to prepare for the impending rush of patients. The written diaries collected by the College also reflect the experiences of doctors not treating COVID-19 patients. Dr B's recorded experiences as a forensic psychiatrist capture the pressures the pandemic placed upon the prison system and patients with mental health problems. He noted that 'past clinical progress is no indicator of how patients would manage'.² The more engaged individuals were often most likely to struggle with the isolation of lockdown.

Alongside these experiences of individual physicians the College began to collect and archive its own public messages and meeting minutes, as well as records of its own staff's volunteering and community support activities. We have also added physical objects to the collections, including leaflets, shop signs, face masks and hand sanitisers made by breweries and distilleries. Videos recording the weekly clap for the NHS, and photographs and video footage of deserted high streets have all been added to the College's permanent archive.

Interviews with Fellows and Members about their experiences during the pandemic started in October 2020. While we commonly interview retired individuals about their past careers, it was important for this project to engage practising

physicians. To mark the immediacy of the pandemic, while preserving these records in our archive, we shared many online. These are available both as full length interviews and as edited short videos highlighting common themes, including changing work routines, access to Personal Protective Equipment (PPE) and practitioner mental health.³

Many interviewees also discussed the impact of the pandemic on their home lives. Dr C, an acute medicine consultant in Y, shared her experiences as a mother, combining parenting with providing frontline patient care: 'When I come back from work nobody is allowed to touch me. So I make a beeline for the bathroom, strip and have a wash and then wash clothes before making contact with people'.⁴ The challenges of working long hours and keeping her family safe were exacerbated by difficulties in normally simple daily activities, particularly shopping: 'Because of the pandemic people were hoarding food... I went to five major stores, and I couldn't find any food to buy'.⁴

Inevitably there are sensitivities when interviewing physicians on a complex subject like an active pandemic. We sought to mitigate these by anonymising doctors and patients. We asked all respondents to sign written consent forms. We also showed them the questions in advance and allowed them to omit any.

Policy and Public Affairs

The College communicated the views of Fellows and Members to the public on topics ranging from end-of-life care (including visiting rights during the pandemic), future pandemic planning, COVID-19 testing for NHS staff, COVID-19 vaccination priorities, and public health messages about COVID-19. We usually did this in collaboration with the Academy of Medical Royal Colleges or the Scottish Academy of Medical Royal Colleges and Faculties. The College worked particularly closely with the Royal College of Physicians & Surgeons of Glasgow, and the Royal College of Surgeons of Edinburgh. In these ways we presented a united medical voice on the greatest public health issue of our time.

In the early stages of the pandemic, there was considerable concern about the stock levels and suitability of PPE available to frontline health and care professionals in the UK. Along with other professional medical groups, the College urgently lobbied the UK Government and devolved administrations, including the Scottish Government, to ensure that health and care workers had the protection they needed to stay safe and remain on the frontline of the fight against COVID-19. As a result the four nations of the UK revised their guidelines.

Initially during the pandemic lobbying and engaging with political parties and researchers was more challenging. As these activities are normally face to face, we tasked the policy and public affairs team to continue this work, usually through video conferencing platforms such as Zoom, WebEx and Microsoft Teams. The team also took the opportunity presented by these platforms to engage with Members of the Scottish Parliament from different political parties on

workforce issues and the College's health priorities for the 2021 Scottish Parliament election. The policy team began planning for the election in summer 2020, to ensure that we were well placed to influence health policy and decision making. We published our health priorities on 11 March 2021, with a major focus on COVID-19 including health service recovery and redesign, and 'long COVID'.⁵ We also covered workforce planning and training, public health and wellbeing, and health and social care integration.

A major challenge for the policy team was how to progress work streams which had begun before the pandemic. One example is the College's work on drug-related deaths. We launched our report about that on 3 March 2021 alongside a media release and social media messages, with the result that over 20 media outlets covered it.⁶ We gave interviews to Scottish TV, BBC Good Morning Scotland, Radio Forth and Radio Clyde, and published an Opinion Piece in The Times. Work will continue on this – to engage with governments and develop educational courses for healthcare workers.

The College has also responded to several enquiries from the Scottish and UK Parliaments about the pandemic. These included submissions on:

- COVID-19 Resilience & Emergency Planning and COVID-19 Testing to the Scottish Parliament's Health Committee
- COVID-19: Supply of PPE to the UK Parliament's Public Accounts Committee
- Workforce Burnout and Resilience in the NHS and Social Care during COVID-19 to the UK Parliament's Health and Social Care Committee

As human rights and ethics have remained important throughout the pandemic, we submitted to both Scottish and UK Parliaments on the impact of the pandemic on equalities and human rights and on the Government's response to COVID-19.

In preparation for Christmas, the team supported several Fellows and Members by recording and promoting short videos to encourage the public to comply with the public health guidance, highlighting their own experiences of working with COVID-19 patients. These were promoted across social media and in the local and national press, and supported by the Chief Medical Officer for Scotland and politicians from the main political parties. Over four weeks these videos had a reach of almost 90,000 and views of over 11,500.

Marketing and design

The marketing and design team has worked with colleagues across the College to promote information and College activity to Fellows and Members, stakeholders and the general public. The team quickly established the COVID-19 Hub area of the main College website to share important information from our partners, including Public Health agencies, the NHS and

the Federation of the Royal Colleges of Physicians of the UK; and the latest research and advice relating to COVID-19 as it developed. The Hub promoted and directed visitors to register for the COVID-19 talks and to watch the latest content on the Education Portal; it has received some 27,000 views.

We provided regular updates on the impact of COVID-19 on College activities; and shared a daily news summary by email, and on social media and the Hub, thus communicating the latest headlines across the world. We have regularly used the College's social media channels – Twitter, Facebook and LinkedIn – to promote all COVID-19 events, the Education Portal content, updates to Fellows and Members including podcasts from the Trainees & Members Committee, resources and information from partners, and daily news.

Email continues to be our primary method of communicating with Fellows and Members; we have continued to use this throughout the pandemic to keep our audiences informed and engaged. We have sent regular emails including COVID-19 information and updates from the Acting President, weekly emails to all Fellows and Members to promote the COVID-19 evening meetings, and international updates with perspectives from around the world.

Scottish Health Action on Alcohol Problems (SHAAP)

Scottish Health Action on Alcohol Problems (SHAAP), based in the College but also representing the Medical Royal Colleges and the Faculty of Public Health, has planned for the 'new normal' as the world adjusts to living with COVID-19. From mid-March 2020 SHAAP worked closely with the Scottish Government, public health agencies, third-sector partners and recovery communities in the UK and elsewhere, to respond to the changed environment due to COVID-19. Early priorities included providing guidance on services for people with alcohol problems,⁷ and to enable heavy drinkers to reduce their risks.⁸ In publishing this guidance, SHAAP consulted a wide range of clinicians and people with lived experience across the UK. We also worked with other partners, led by Public Health Scotland, to produce guidance on Alcohol and COVID-19 for 'NHSinform'.⁹ SHAAP also provided a briefing for the Scottish Government debates on COVID-19 in June 2020.¹⁰ SHAAP extended the scope of their work by investing in online communication tools and embracing the move to online meetings. This has led to far larger audiences and greater international participation.


Conclusion by Angela Thomas

It has been a remarkable opportunity for me to lead the College through such challenging times and work with teams across the College to deliver support to our Fellows and Members around the world, and to the wider healthcare community when they needed it most. I have learned much during this period, specifically the numerous opportunities that the College has to be an advocate for our Fellows and Members and, ultimately, for the patients that we serve.

Working collaboratively with colleagues as part of the Academy of Medical Royal Colleges and the Scottish Academy of Medical Royal Colleges and Faculties has given breadth and strength to our views allowing effective lobbying of Government. These discussions have resulted in a broader understanding of the effects of the pandemic across the health service, enhanced our ability to influence policy, and speeded dissemination of evolving information and advice to both our Fellows and Members and the general public.

Throughout this time, we have represented physicians at local and national discussions – on issues from the supply of PPE and vaccinations for healthcare professionals to support for

health and wellbeing and the progression of medical training. We have identified frontline issues to UK governments and demanded responses. It has also been important to learn from the pandemic and the heritage team have been recording experiences of this period of time that will prove invaluable as we reflect on and learn from the challenges we have faced.

In times of crisis, we have shown that we can come together and make a difference by staying focused on the issues that really matter and the human factors that brought us all to medicine in the first place. The College has done its utmost to support the profession during this pandemic and I thank all of those who have contributed to this effort. 

References

- 1 COVID-19 (coronavirus) diary, RCP/RES/2/8/12.
- 2 COVID-19 (coronavirus) diary, RCP/RES/2/8/9.
- 3 Full length interviews can be viewed online here: <https://www.rcpe.ac.uk/heritage/covid-full-length-interviews>; the short videos can be viewed online here: <https://www.rcpe.ac.uk/heritage/COVID-19-interview-shorts>
- 4 COVID-19 (coronavirus) diary, RCP/RES/2/12/18.
- 5 RCPE. *Policy priorities for the Scottish Parliament Election 2021* [Internet]. Edinburgh: RCPE; April 2021 [Accessed 2 May 2021]. Available from: https://www.rcpe.ac.uk/sites/default/files/health_priorities_2021_final_2_1.pdf
- 6 RCPE. *Drug deaths in Scotland: an increasingly medical problem* [Internet]. Edinburgh: RCPE; April 2021 [Accessed 2 May 2021]. Available from: https://www.rcpe.ac.uk/sites/default/files/drugs_deaths_in_scotland_report_final_0.pdf
- 7 SHAAP *Updated guidance: Coronavirus (COVID-19) and people with alcohol-related problems: recommendations for services* [Internet]. Edinburgh: SHAAP; April 2020 [Accessed 23 April 2021]. Available from: <https://shaap.org.uk/downloads/reports-and-briefings/238-new-guidance-for-COVID-19-and-people-with-alcohol-related-problems.html>
- 8 SHAAP *Updated guidance: COVID-19: advice for heavy drinkers who are thinking about cutting back or stopping drinking alcohol*. Edinburgh: SHAAP; April 2020 [Accessed 23 April 2021]. Available from: <https://shaap.org.uk/downloads/reports-and-briefings/240-covid-advice-for-heavy-drinkers.html>
- 9 NHS inform. *Coronavirus (COVID-19): Alcohol*. [Accessed 23 April 2021] Available from: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-COVID-19/healthy-living/coronavirus-COVID-19-alcohol>
- 10 SHAAP *SHAAP briefing for the Scottish Government debates on COVID-19*. Edinburgh: SHAAP; June 2020 [Accessed 23 April 2021]. Available from: <https://shaap.org.uk/downloads/reports-and-briefings/251-shaap-msp-briefing-alcohol-and-covid19-jun20.html>