

Introduction

The Royal College of Surgeons of England (RCS) has undertaken two surveys of UK surgeons and trainees working during the COVID-19 pandemic. This is a report of findings of our second survey, published on 30 April 2020. Results of our first survey were published on 12 April 2020.

This second survey ran over five days - from 23 to 28 April 2020. We received responses from over 1,200 surgeons and trainees across the UK.

The headlines reveal that access to PPE continues to be an issue for surgical teams. Surgeons are also concerned that the PPE they have been provided with has not been properly FIT-tested. Worryingly, some respondents say they have felt under pressure to perform procedures on confirmed or suspected COVID-19 patients, without access to adequate PPE.

The findings also reveal widespread support amongst surgeons and trainees for

the introduction of regular COVID-19 testing for all patient-facing NHS staff, including those who are asymptomatic. The vast majority of respondents said that COVID-19 tests were reserved for those staff who had symptoms.

Fortunately, most surgeons and trainees report that urgent and emergency surgery has been maintained during the course of the pandemic. The RCS, working with surgical specialty associations, recently produced a 'Clinical guide to surgical prioritisation' during the coronavirus pandemic, which the majority of respondents said they were aware of.

As part of our continuing efforts to support surgical teams, the RCS is also releasing new guidance for teams who are considering how and when to safely increase or re-commence surgery during this pandemic.

The key findings from this second COVID-19 survey, along with relevant data tables, are provided below, along with a selection of the comments we received.



Methodology

The RCS survey fieldwork ran from 23 April 2020 to 28 April 2020. The survey was completed by 1,263 surgeons and surgical trainees.

Some questions asked respondents to agree or disagree with a given statement – they were asked to answer "disagree strongly", "disagree", "neither agree nor disagree", "agree" or "agree strongly". A "don't know"

option was also included for respondents who were unsure how to respond. Relevant data on pages 7 - 11 of this document show the full results.

The figures in this report are reported on a UK-wide basis, across all specialties and career grades. For each figure an 'n' is given to indicate the sample size i.e. the number of respondents to the given question.

If you have any queries about this report please contact publicaffairs@rcseng.ac.uk

Key findings: Personal Protective Equipment (PPE)

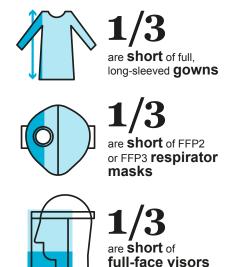
A third (32.8%) of surgeons and trainees surveyed across the UK (n = 1,183) did not believe they had an adequate supply of PPE in their Trust enabling them to do their jobs safely. (Q14). A similar result was recorded in our first survey.

'Advice about the level of PPE varies across the region as does access. Trust advice is clearly led by availability of PPE. We are being asked to reuse masks and gowns.'

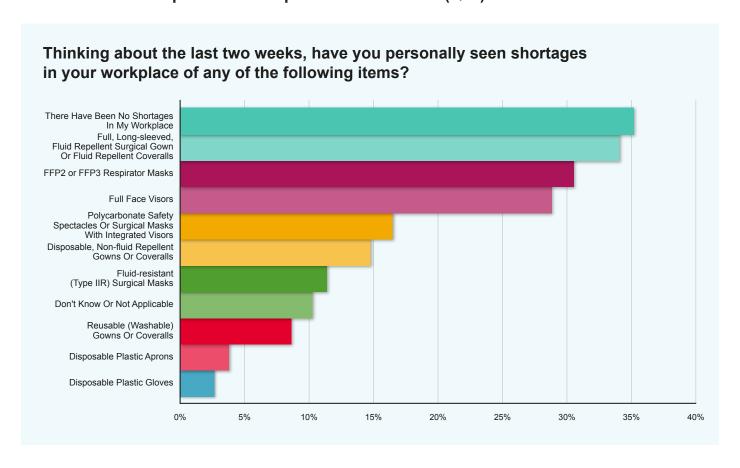
Consultant, Yorkshire and the Humber

When asked about which items of PPE they had personally seen shortages of in the previous two weeks, the most common responses were (n = 1,159):

- Full, long-sleeved, fluid repellent surgical gowns or fluid repellent coveralls (34.1%)
- FFP2 or FFP3 respirator masks (30.5%)
- Full face visors (28.8%)



Just over a third (35.2%) of respondents (n = 1,159) said there had been no shortages of PPE in their workplace over the previous two weeks. (Q15)



'Increasing globalisation in recent decades has resulted in countries being less self-sufficient. In times of plenty and reliable supply chains, PPE and single-use items is achievable, but in times of crisis, this country is unable to self-sustain the demand. We, the UK, should ensure greater self-reliance and sustainability in future - supply from within UK, less single use equipment and a return to more re-usable equipment.'

Consultant General Surgeon

Over a quarter (26.6%) of respondents said that, in the previous two weeks, they were not confident that the PPE they had been provided with was FIT-tested to an adequate standard, enabling them to do their job as safely as possible (n = 1,186). (Q16)

14.9% of surgeons and trainees (n = 1,187) said that in the previous two weeks they had been put under pressure to undertake procedures on COVID-19 positive, or suspected COVID-19 positive, patients without an appropriate level of properly fitted PPE. (Q17)





under pressure
to undertake procedures
on potential COVID-19
patients without

appropriate PPE

'We feel coerced into working without adequate PPE, and instead have been trying to buy FFP3 masks at our own expense which cannot be FIT-tested.'

Dental Surgeon, North West

Key findings: COVID-19 testing

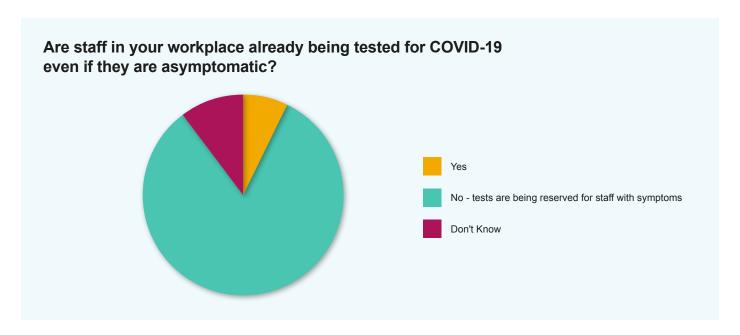
A significant majority (80.2%) of respondents (n = 1,221) believed that testing should be available on a regular basis to all patient-facing NHS staff, even if they are asymptomatic. (Q10)

'Test test test will be the ongoing mantra. If we can and do do it for MRSA this should be regarded as no different and in fact more critical.'

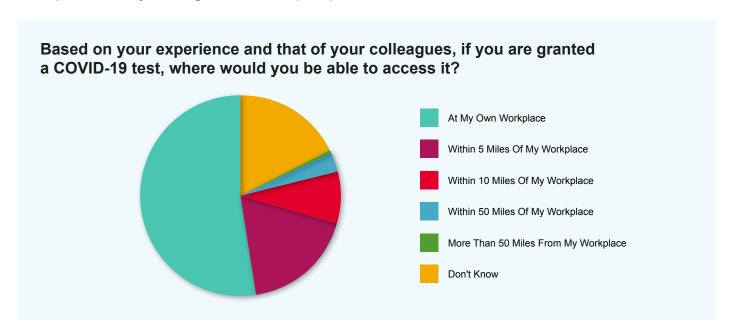
Consultant, Yorkshire



Just 7.5% of respondents (n = 1,219) said that asymptomatic staff were being tested in their workplace, with 82.4% saying tests were reserved for those displaying symptoms. (Q11)



Over half (52.4%) of respondents (n = 1,220) said that based on their own experience or the experience of their colleagues, they would be able to access a COVID-19 test at their workplace if they were granted one. (Q12)



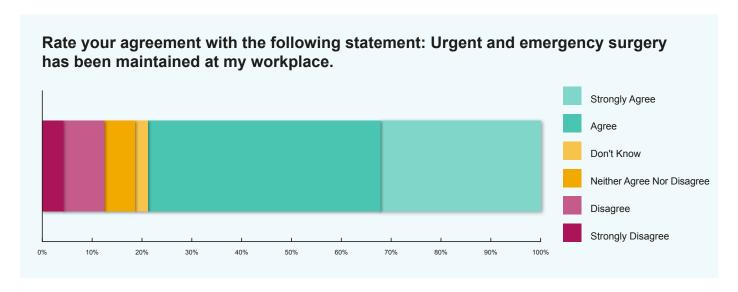
On the basis of their own experience or the experience of colleagues, 60% of respondents (n = 1,219) believed they would receive the results of a COVID-19 test within 48 hours if they were granted one. (Q13)

General Surgeon, South East England

^{&#}x27;I think it's vital as soon as an adequate serology test is available that all NHS medical staff get these tests but in the meantime I 100% agree that REGULAR swab testing of staff to catch people at the asymptomatic phase is another option.'

Key findings: Urgent and emergency surgery

A substantial majority (78.9%) of surgeons and trainees (n = 1,174) said that urgent and emergency surgery had been maintained at their workplace. (Q19)



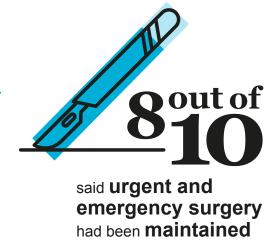
'Our hospital management have done a really good job to coordinate teams, protect staff and provide a service during corona virus epidemic. They have continued to prioritise trauma and urgent orthopaedic procedures like sarcomas and myelopathy...We can always criticise but given the circumstances they are providing a very good emergency service while maintaining capacity to deal with expected numbers of covid-19.'

Trauma and Orthopaedic Surgeon, Scotland

The vast majority (83.7%) of respondents (n = 1,176) said that they were aware of guidance written by the Royal College of Surgeons of England and surgical specialty associations; our 'Clinical guide to surgical prioritisation during the coronavirus pandemic'. (Q18)

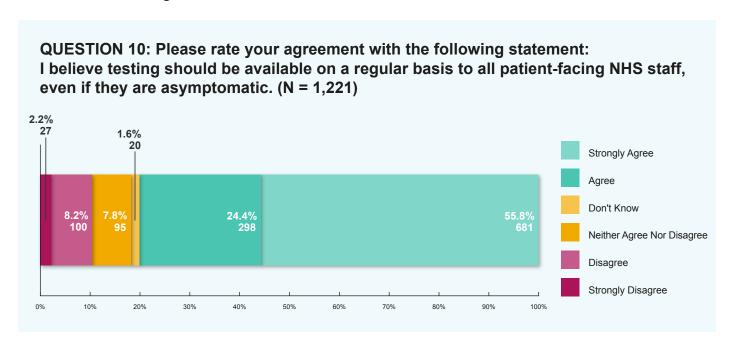
'It is hard to see how cardiothoracic surgery is going to restart in any meaningful way (for urgent or even elective patients) - until we find a way to disentangle the specialist anaesthetists from COVID cover within ITU. There also needs to be greater attempts to separate out the COVID and non-COVID parts of the hospital - now that we are past the peak of the pandemic. Cardiac surgery is particularly hard hit (due to its reliance on ITU) - and unless resolved soon I can see many months of patients (even urgent inpatients) being denied operations.'

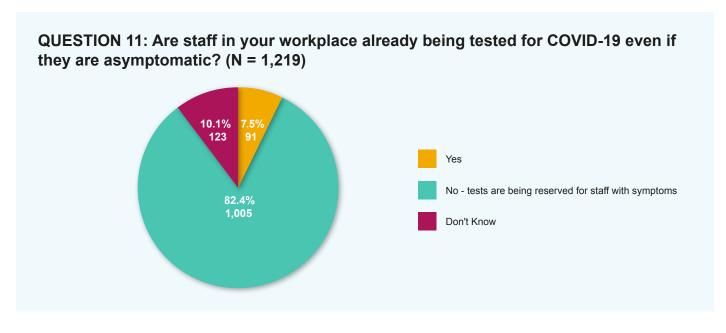
Cardiothoracic Surgeon, North East England

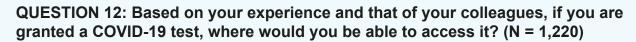


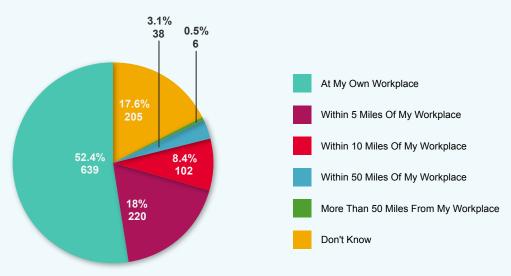
Data

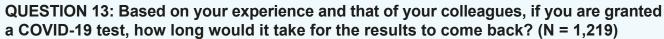
Please note that the percentages given in the following graphs may not sum to exactly 100% due to rounding.

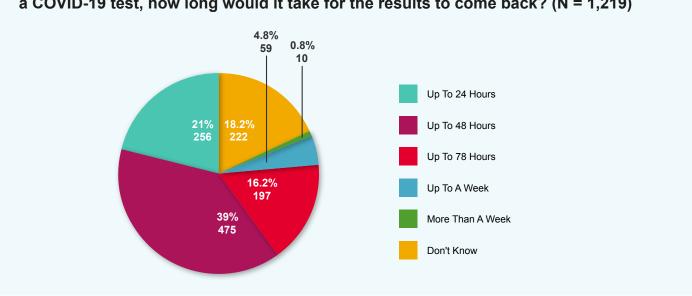


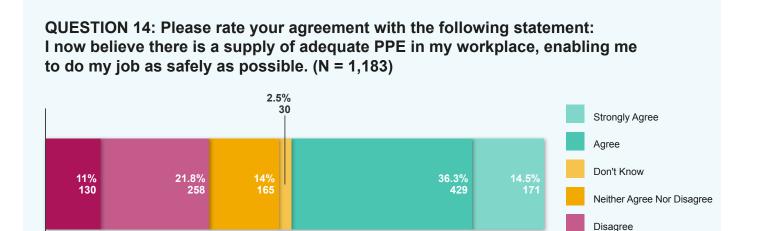










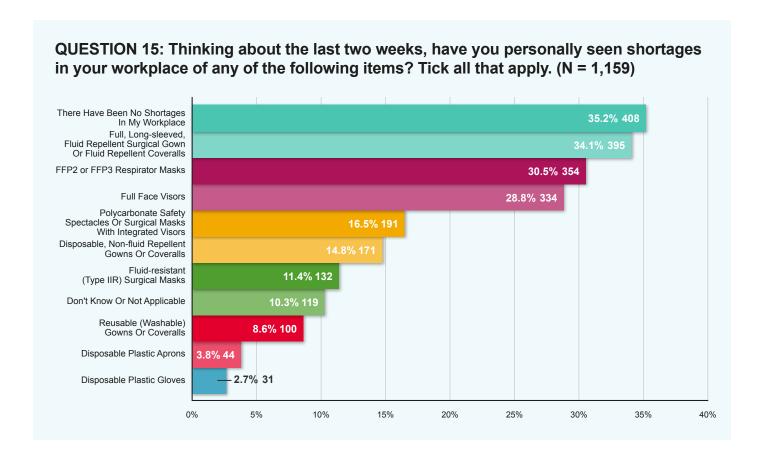


70%

80%

90%

100%



10%

20%

30%

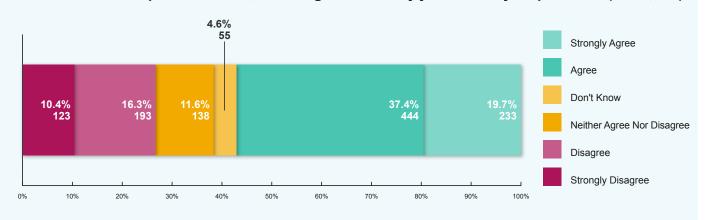
40%

50%

60%

Strongly Disagree

QUESTION 16: Thinking about the past two weeks, please rate your agreement with the following statement: I am confident that the PPE I have been provided with has been FIT-tested to adequate standard, enabling me to do my job as safely as possible. (N = 1,186)



QUESTION 17: Thinking about the past two weeks, please rate your agreement with the following statement: I have been put under pressure to undertake procedures on COVID-19 positive, or suspected COVID-19 positive, patients without an appropriate level of properly fitted PPE. (N = 1,187)

