



Thursday 19 March 2020

Dear fellow or member,

COVID-19: Advice to fellows and members

The challenge facing our health service today is quite unprecedented.

Over the coming weeks surgeons, surgical teams, alongside every doctor, nurse and health or care professional, will be facing increasingly difficult challenges because of COVID-19.

Besides being concerned for the health of your patients, I recognise that you will understandably be concerned for your own health, and the health of your loved ones.

Please know that I am relaying your concerns – over access to testing and over the availability of adequate protective equipment – daily to government.

The NHS has a moral obligation to ensure that its staff are adequately protected at work. All efforts must go towards this – both for the safety of our colleagues, and also for the safety of patients. In particular, staff who are vulnerable because of underlying health conditions, and those most likely to be exposed at work – those handling emergency admissions or managing patients likely to have the virus – cannot be expected to put themselves in the firing line.

Similarly, I have explained the need to protect the health of recently retired surgeons, who will soon be contacted about returning to work. This group will naturally include a larger percentage of individuals with underlying health conditions, so there should be flexibility for them to work in lower-risk settings accordingly.

I speak daily to government officials and regulators about how to protect both staff and patients through this crisis.

The surgical specialty associations have supported NHS England to develop guidance on the management of patients during the crisis. These specialty guides are available [here](#). We are working on further guidance on the range of issues raised, to assist surgeons in their decision-making.

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Many of you are involved also in local planning, supporting your Trusts to identify any resource – operating theatres, recovery rooms – that can be used to manage the expected surge in patients needing ventilation. In my discussions with NHS England on national planning, I have explained the need to ensure we can continue to provide emergency and urgent surgical care. Sir Simon Stevens' latest [instructions](#) to the NHS reflect this. Trusts have been asked to postpone all non-urgent surgery, but to maintain emergency, cancer and other clinically urgent care.

From conversations with our Regional Directors and colleagues across the country, I am confident that the surgical community will work flexibly to support these efforts. We will support patients with the most urgent needs, which will likely mean a combination of working outside of our usual area of practice, assisting with tasks usually done by other team members and in a worst case scenario, supporting patients on ventilation.

From my conversations with the GMC, I am confident of the regulator's support for anyone who will need to work 'on the edge of' their experience. We are also working with the Royal College of Anaesthetists on training for staff who are supporting patients with respiratory needs. They have worked with partners across the anaesthetic and ICM specialties to develop new clinical guidance, including new [airway management principles](#).

The Joint Committee on Surgical Training, which represents all four surgical Colleges in the UK and Ireland, has also developed guidance on surgical training which can be accessed on their website.

I know from working with and talking to so many committed colleagues across our profession over the years that we will rise to the occasion. In these challenging times, we stand shoulder to shoulder.

May I urge you to continue to feed through your concerns and ideas to me.

Together with my colleagues on our Council, I will make sure that your views inform our conversations with government and with colleagues across the NHS.

Yours sincerely



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