

13 March 2020

### Joint policy statement from the Royal Surgical Colleges

In response to the challenge of COVID-19, the four surgical Royal Colleges of the UK and Ireland have created this joint policy statement to provide guidance to surgeons and surgical trainees.

While adhering to general advice on travel, the Colleges have decided to cancel all non-essential travel for surgeons, including trainees. The aim is to ensure they are available to help health services to cope with COVID-19. A second aim is to minimize any risk, however small, of transmitting the virus to other groups of surgeons and/or surgical trainees. Our priority is to look after our members and fellows, so they can protect patients.

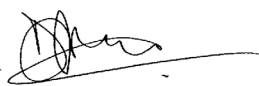
This means that from Monday 16<sup>th</sup> March, conferences, educational and training courses, assessment panels, accreditation visits and examinations that require travel will be postponed. Where possible, conferences and courses can continue if these can be delivered by video call or webinar. Events within hospitals may continue if local circumstances allow this. These arrangements should remain in place until at least the end of the summer in the first instance.

Where this involves the postponement or cancellation of events and examinations already paid for, participants will be booked onto the next available slot, once activities resume. In the interim no further payments for affected activities will be accepted, but waiting lists will be established to help with fair allocation of slots once activities resume.

COVID-19 will inevitably impact on training and progression of surgical trainees. Discussions with employers, regulators and agencies involved in the delivery of surgical training regarding promotion, competency and assessment are taking place to ensure that individual trainees are not, however, disadvantaged. This includes arrangements for indemnity.

Our Colleges are actively engaged in discussions with government and the health services about how to increase the intensive care capacity that may be needed. Extensive modelling is taking place to look at surgical capacity and see how escalation might best be introduced to ensure the continued delivery of emergency and time-dependent surgery.

At this time, no decisions have been made about recently retired surgeons being asked to return to work or for trainees to function outside their current practice and competencies.



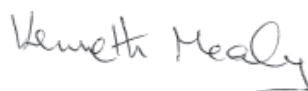
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