

RCPI Survey- Impact of COVID-19

Oct 2020

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Executive Summary

In July 2020, we asked our doctors about how COVID-19 had impacted upon their work, their education and training, and their overall wellbeing. We also asked them for their views on ways in which COVID-19 has changed the landscape in delivery of care to patients, medical training and what healthcare policy areas should be priorities for the future.

Workload and changes in practice

- Doctors were much busier; many had seen changes to their usual area of practice.
- Workload, the switch to virtual consultations and concerns about delays in patient assessments and treatments were challenges. Uncertainty and stress were also challenging for many.
- In Public Health, there were concerns that the shift to focus on COVID-19 left other core areas of Public Health work neglected, such as health protection.

Digital health

- Doctors are using digital health tools much more than before, most commonly videoconferencing with colleagues, remote learning and telephone consultations.
- Very few were doing video consultations before the pandemic, but this showed a large increase - the number using video consultations since the pandemic began was 10 times what it was before the pandemic.
- Almost 3 times as many people were using telephone consultations compared with before the pandemic.
- Delivery of digital health is not without its challenges. Issues with IT infrastructure and support were mentioned often. Communication with patients and families and effective assessment of patients in the context of virtual consultations were challenging for many.

Wellbeing, time off

- Most of those who responded took some time off during the pandemic. Mostly this was planned annual leave.
- Doctors were less able to meet physical activity guidelines since the pandemic began.
- Workplaces had met well with safety and PPE requirements. Individually, people were paying more attention to use of facemasks when commuting and other infection control measures such as handwashing.

Training and education

- As a result of the pandemic many people have been unable to meet training and education requirements. Many people transitioned to online courses and exams.
- Concerns for future education and training included:
 - Completion of courses/courses cancelled etc

- Completion of exams.
- Challenges in learning clinical skills (with physical distancing and less patient contact)
- Loss of learning through networking with colleagues- including reduction in international networking as a result of conferences cancelled or moved online.
- PCS compliance
- Impact on career progression
- Impact of reduction in face to face contact (with patients and colleagues)
- New skills and knowledge will need to be integrated into future education and training programmes to allow people to rise to the challenges and innovations resulting from the pandemic. IT skills and communication skills for the virtual context are important, as well as the need for adequate IT infrastructure and support. Adaptability and resilience were also considered very important.
- RCPI had provided some supports that were useful at this time. In particular, people found the Clinical Updates (Wednesday Webinars) and the president's messages helpful.

Challenges and Opportunities

- The biggest challenges for restarting the health service are assessing the extent of unmet need and addressing the backlog in elective procedures. Managing physical distancing in clinical environments, preparing for a second spike in COVID-19 infections and looking after the health and wellbeing of the workforce were also seen as challenges.
- We asked people to tell us where we should focus policy development over the next 6 months to two years. Based on the responses, the most important areas are:
 - Medical Recruitment and retention.
 - Physician Wellbeing.
 - Other areas of importance for potential policy development include health inequalities, expansion of hospital diagnostics and care into the community, action around the backlog in elective procedures and Digital Health.

1. Introduction

We know that COVID-19 has had a dramatic effect on our healthcare system. Many of RCPI's Trainees, Members and Fellows have seen unprecedented changes in the way they work, and the way the health system operates.

We wanted to know more about the impact the pandemic has had on our doctors. In July 2020, we asked our Trainees, Members and Fellows about how COVID-19 had impacted upon their work, their education and training and their overall wellbeing. We asked them to tell us about the challenges they'd already faced and the ones that they were concerned about for the future. We looked to them to tell us about innovations and new ways of working, and what the lasting impact of those changes might be.

Crucially we asked them where they think RCPI need to develop policy and advocate for change that would address concerns and respond to any new opportunities.

2. Who answered the survey?

A total of 172 people responded to the survey. The completion rate was 66%.

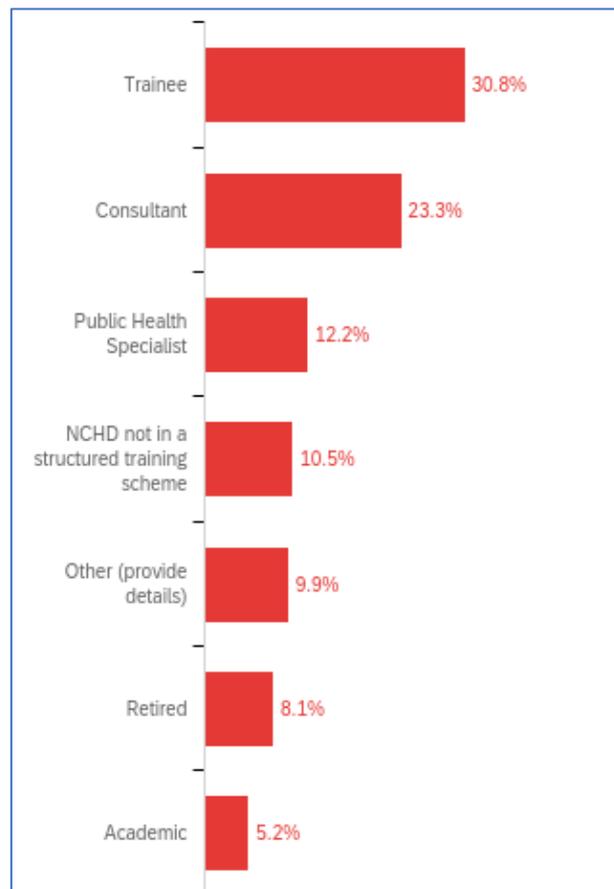


Figure 1: Which of the following best describes you? (n=172)

- Almost a third of those who responded were trainees.

- Almost 4 in 10 respondents (38%) were from general medicine. The most frequently mentioned specialty within general medicine was Gastroenterology, followed by Geriatric Medicine and Respiratory Medicine.
- Just over a quarter of total respondents were from Public Health Medicine (26%)
- 28% of respondents indicated they were RCPI trainers.

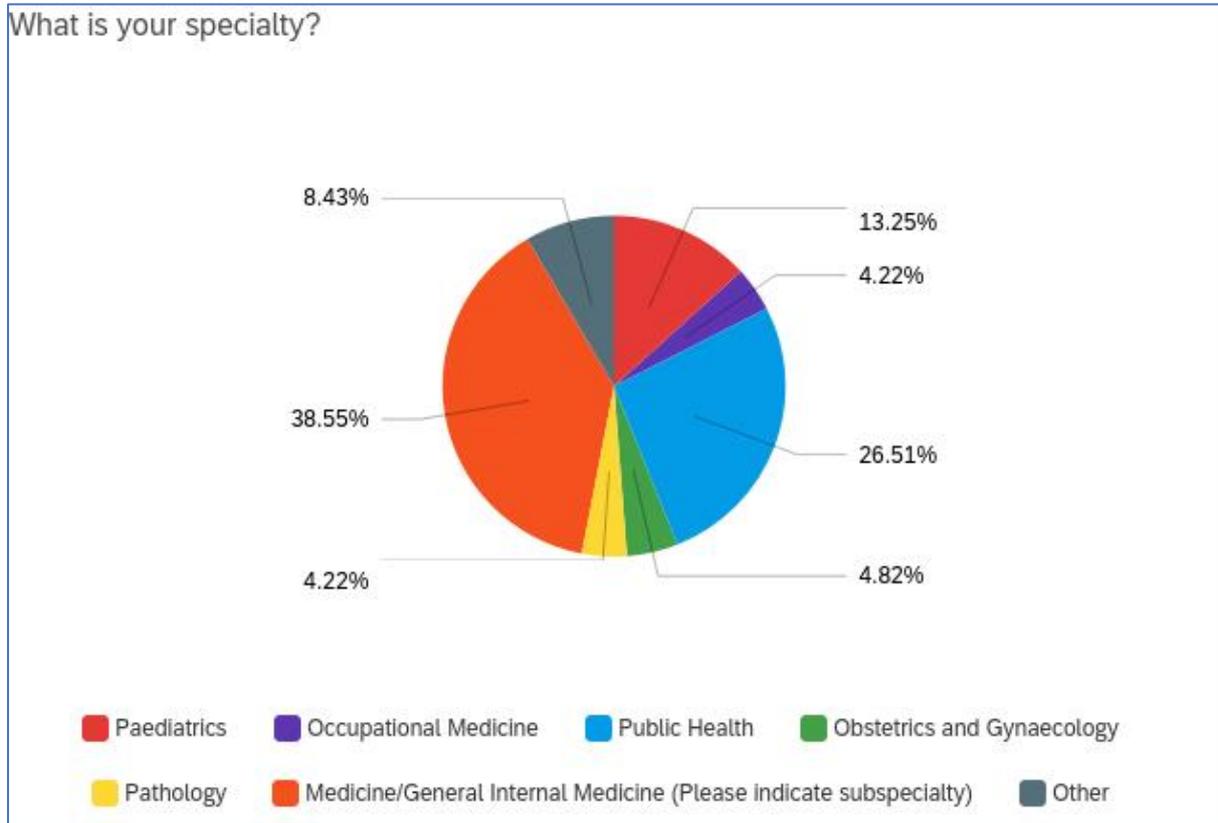


Figure 2: What is your specialty? (n=172)

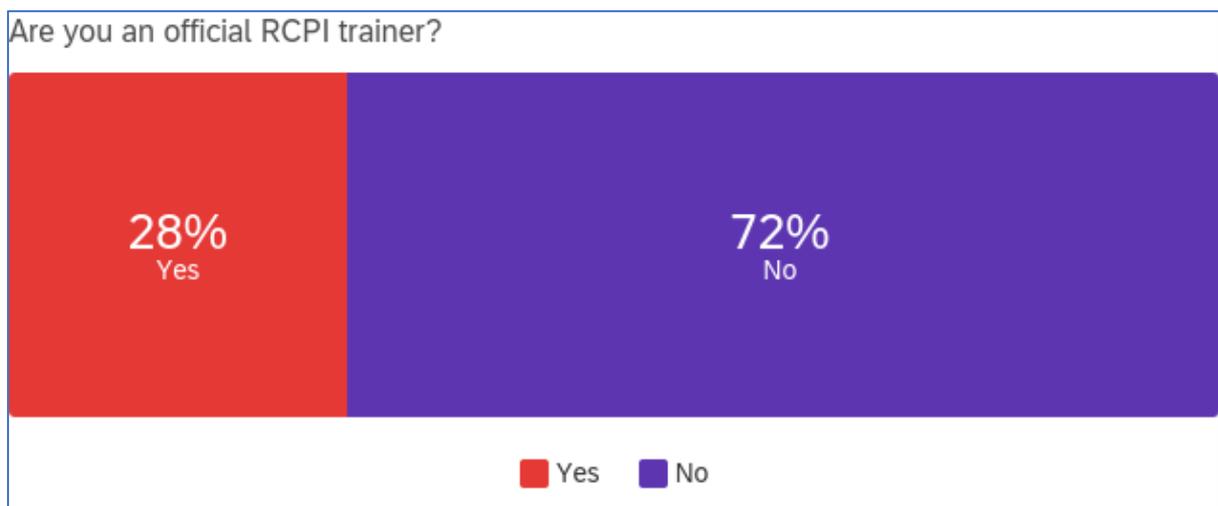


Figure 3: Are you an official RCPI trainer? (n=172)

3. Impact on work/role

Many doctors were much busier, and many had seen changes to their usual area of practice. Public Health Specialists had shifted to focus on COVID-19 response which meant that other work in Public Health was put on hold.

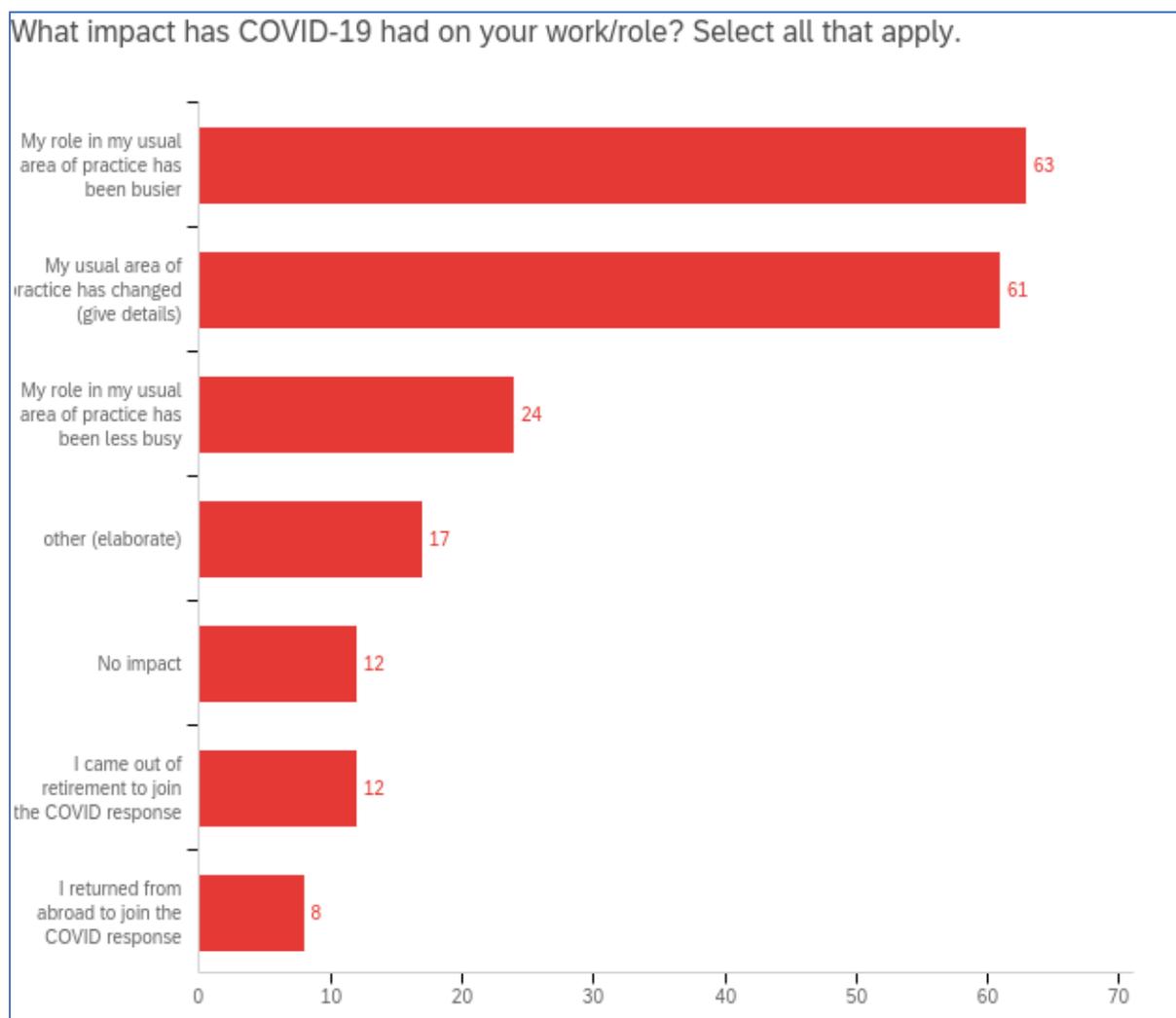


Figure 4: Impact on role (n=162)

- 38% of respondents to this question said they had been busier in their usual role (63/162), while 14% (24/162) had been less busy.
- A number of people in Public Health Medicine highlighted that the Public Health Medicine workload had increased significantly, moving from a Mon-Fri service to 7 days a week.
- 37% (61/162) said their usual area of practice had changed.
- People were asked to provide additional information on how their area of practice had changed. Changes in practice mentioned most frequently were:

- Temporary new role/redeployment – for example to contact tracing, A&E and COVID-19 units
 - Many in Public Health highlighted (and were concerned about the consequences of) the major change to focusing almost exclusively on COVID-19, with much other Public Health work, such as in health protection and health improvement, put on hold
 - Moving to virtual consultations
 - OPD and elective procedures cancelled
 - Other non- COVID-19 work put on hold (as mentioned for Public Health, also research activities disrupted)
 - Reduced opportunities for training and teaching activities
-
- 12 people who responded had come out of retirement to join the COVID-19 response.
 - 8 people had returned from abroad.
 - A small number felt that there had been no impact on their work (12/162 or 7%).

4. Digital health

Doctors are using digital health tools much more since the pandemic began and expect this trend to continue. For many, communicating with patients and families and providing high quality clinical care is a challenge in a virtual context. IT infrastructure and IT skills are areas which need attention.

We asked people about digital health tools, and how their use had changed since the pandemic occurred.

Before the pandemic, doctors were using digital health tools on a small scale.

- The main digital health tool used was remote learning - 65% of question respondents said they were using this before the pandemic.
- 26% of respondents were using telephone consultations before the pandemic. A very small number of people indicated they were using video consultations (just 4 respondents).
- Just over 20% said they had engaged in video conferencing with colleagues prior to the pandemic.

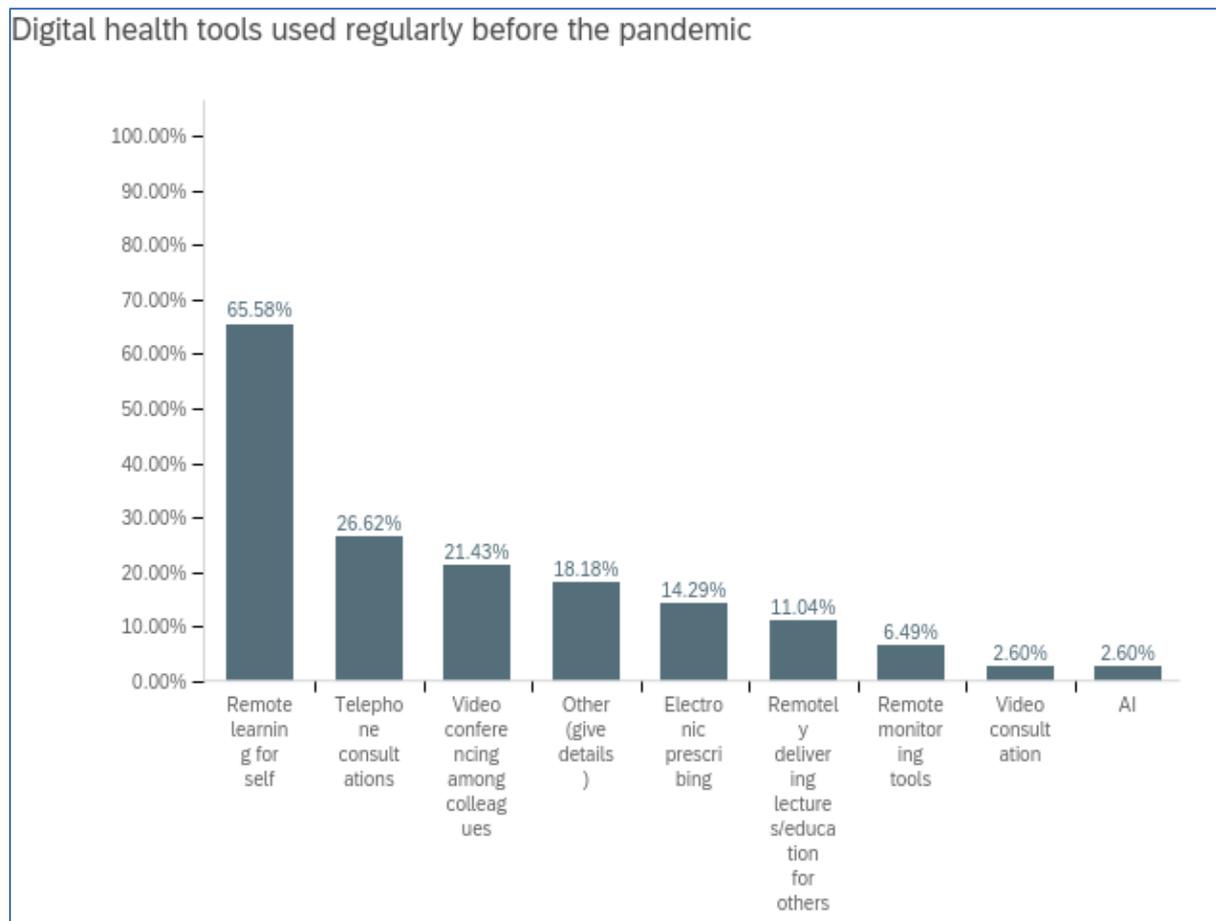


Figure 5: Digital health tools before the pandemic (n=154)

Responses indicated a sizeable increase in use of telemedicine during the pandemic.

- 67% of question respondents indicated they were doing telemedicine consultations since the pandemic began. This was almost 3 times the amount who were using telephone consultations prior to the pandemic.
- The number using video consultations was 10 times what was indicated before the pandemic (26% of question respondents- from 4 to 40).
- More than 3 times as many people (from 33 to 117) were doing video conferencing with colleagues compared with before the pandemic (76%).
- The numbers using remote learning for themselves did not increase significantly. However, there was an increase in those who said they were delivering lectures/education remotely (from 11% to 45%).
- Uses of other tools such as remote monitoring and electronic prescribing also increased.

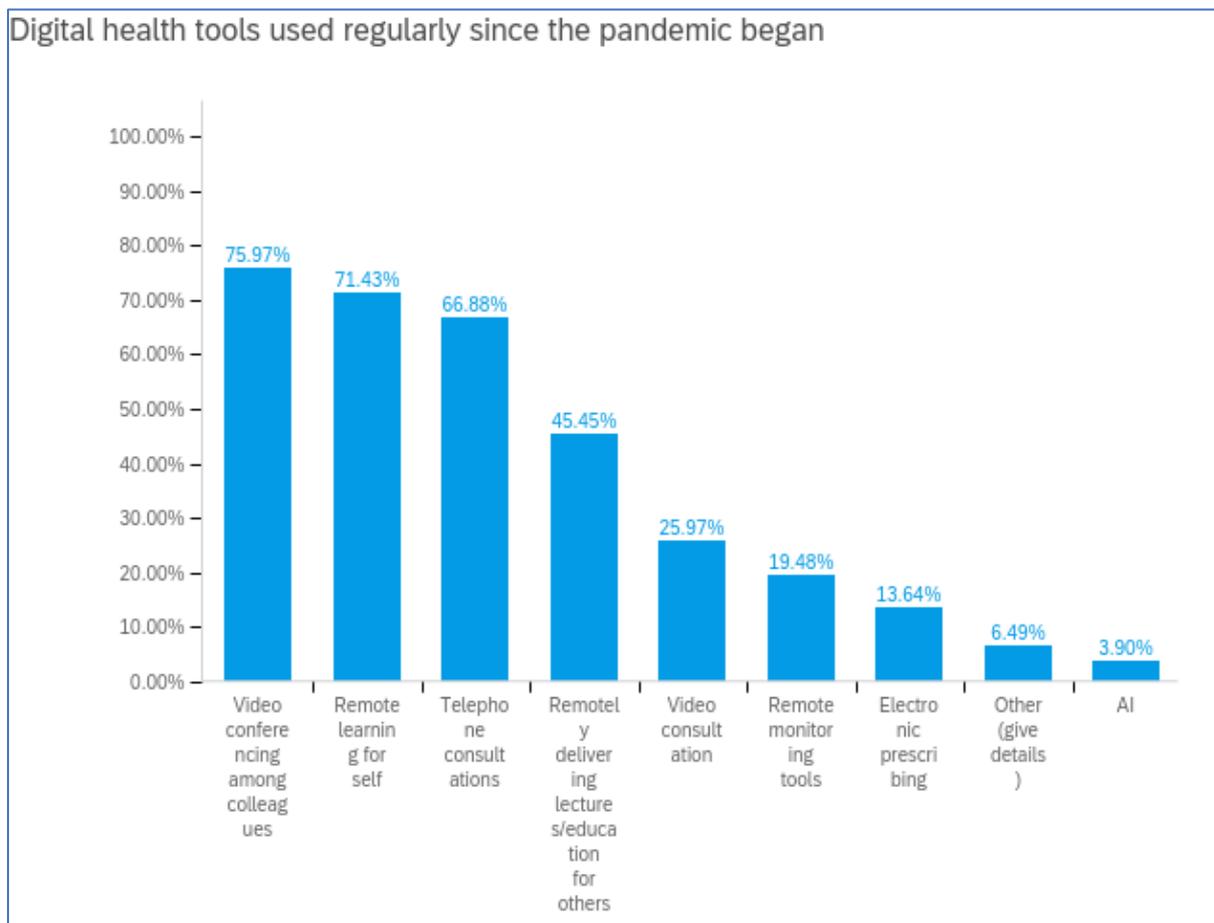


Figure 6: Digital health tools since the pandemic began (n=154)

Future outlook for use of digital health tools.

- A high number expect to use video or telephone consult in the future (66% for telephone consultations; 41% for video consultations).
- Doctors expect e-prescribing to be used more in the future (than either before or during the pandemic). Almost 4 in 10 (39%) respondents indicated they saw themselves using this as part of their future work.
- Remote monitoring - 30% said they believed they would be using this in the future

- Video conferencing with colleagues is a trend that people believe will continue (76% of people said they would use it in the future).
- Likewise, for remote learning- 78% believed they would be using remote learning in the future.
- People also expect to be using artificial intelligence (AI) more. 11% of people said they expected to use AI tools in the future in their work, compared with 3% and 2% during and before the pandemic respectively.

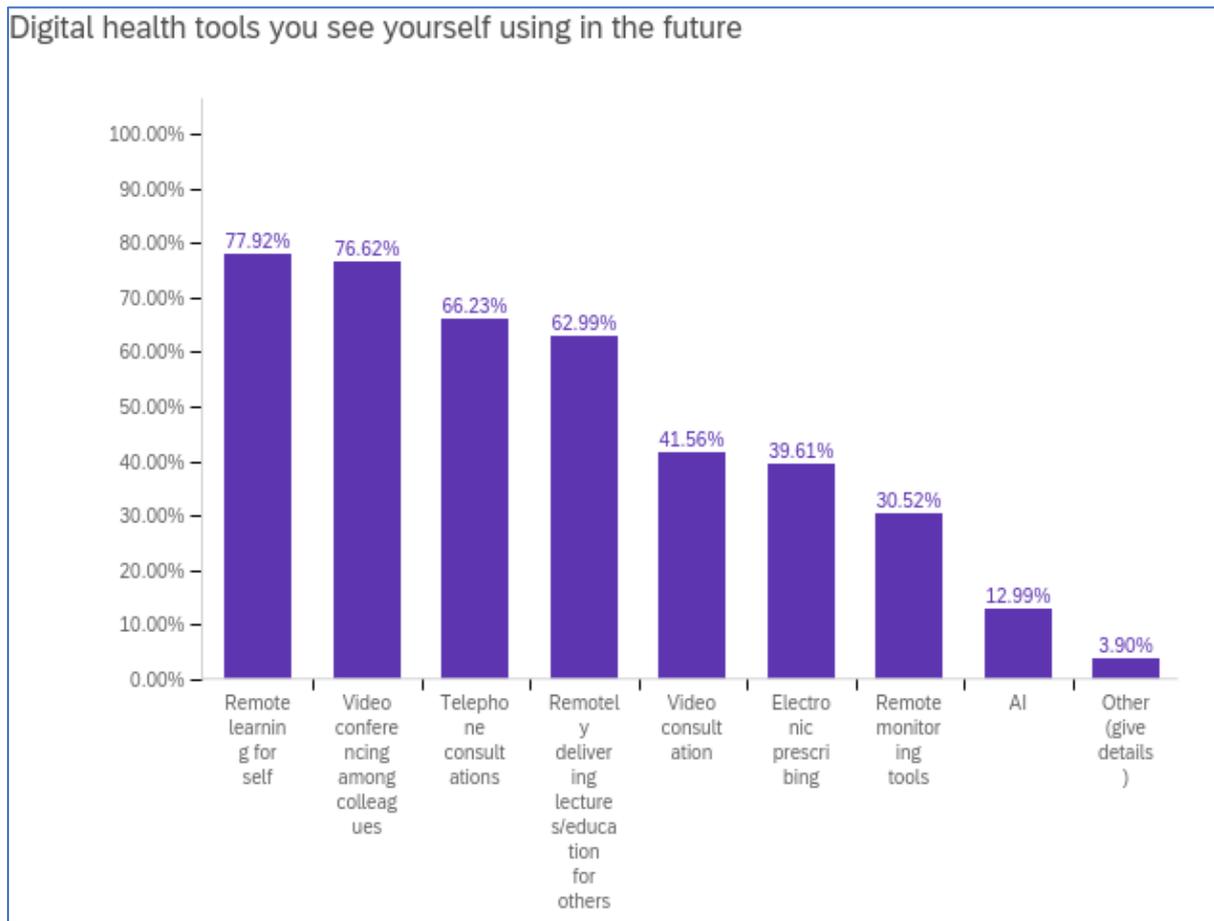


Figure 7: Digital health tools in the future (n=154)

The use of telemedicine is not without its challenges, however. Several concerns regarding use of digital health were frequently mentioned.

- The challenge of communicating with patients and families by telephone and offering quality care in this context. Challenges in assessing patients were mentioned in addition to determining which patients needed to be seen in person and for which a telephone or video consult would suffice.
- Inadequate IT infrastructure or IT support.
- Need for enhanced IT skills – the need to become familiar with technology for remote working.
- Challenges of doing MDT/consulting with colleagues virtually/by phone.

5. Main challenges in your work as a result of COVID-19

Many doctors experienced increased workload. Moving to online consultations with patients was a challenge. Many felt that communication with patients, families and with colleagues was negatively impacted as a result and were concerned about the quality and safety of care delivered under these constraints. Uncertainty and stress were commonly mentioned.

We asked people to tell us about the main challenges in their work as a result of COVID-19.

- The most common challenge mentioned was workload related. People mentioned general workforce capacity issues, and the challenges of working more/more on call due to COVID-19 and managing colleague absences due to sick leave due to COVID-19. A number of people mentioned they had been unable to take leave.
- Virtual consultations were a challenge for many. There was concern that this reduced the ability to adequately assess patients and offer quality clinical care. IT skills and appropriate infrastructure were mentioned as challenges.
- People expressed concern about the quality of communication with patients and families by virtual means/over the phone.
- There were challenges delivering usual safe clinical care. For example, because of the cancellation in elective procedures and some outpatient procedures, there were concerns that there would be delays in assessment and treatments. Some people mentioned challenges in assessing which patients needed to be seen in person, and which could be seen virtually/via phone.
- Communication with colleagues:
 - Challenges in doing MDT.
 - Keeping in contact with colleagues in different sites- many noted the isolation of working remotely or at a remove from colleagues.
- Uncertainty was a challenge for many.
- Stress, mental health and burnout were mentioned.
- People expressed concern about contracting COVID-19.
- Educational challenges were mentioned including challenges meeting educational/training requirements because of courses and exams cancelled, or reduced exposure to clinical procedures.
- Others mentioned ways in which career progressions were impacted, for example fellowships cancelled and research put on hold.

6. Health and Wellbeing

In general, people said their health since the pandemic began was about the same as before, but less people were able to meet physical activity guidelines

- Approximately 70% rated their health over the last 12 months as either good or excellent.
- About half said their health since the pandemic began was about the same, but more than a third said their health was worse (much worse or somewhat worse).
- Approximately 20 people who answered the question on physical activity said they didn't meet physical activity guidelines before the pandemic (14%). This almost tripled when asked about since the pandemic (58 people or 41%)

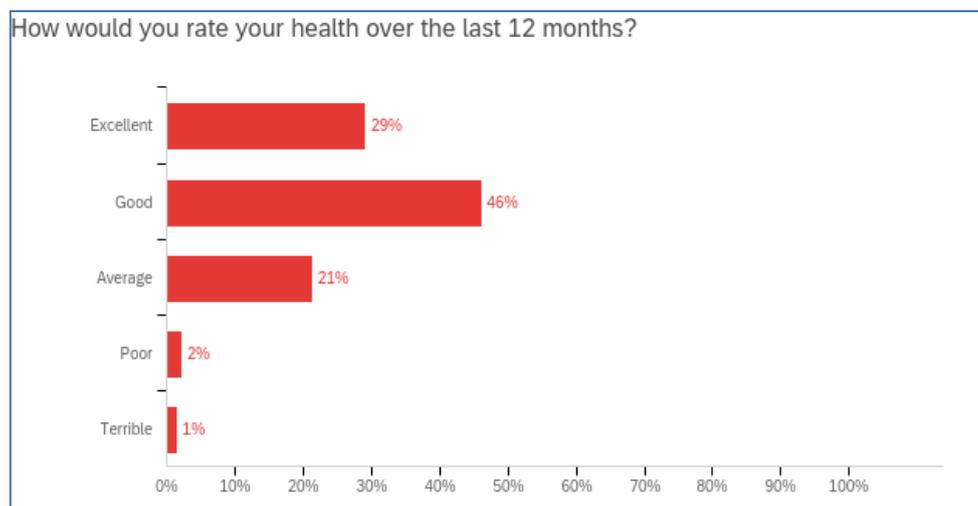


Figure 8: Health over last 12 months (n=141)

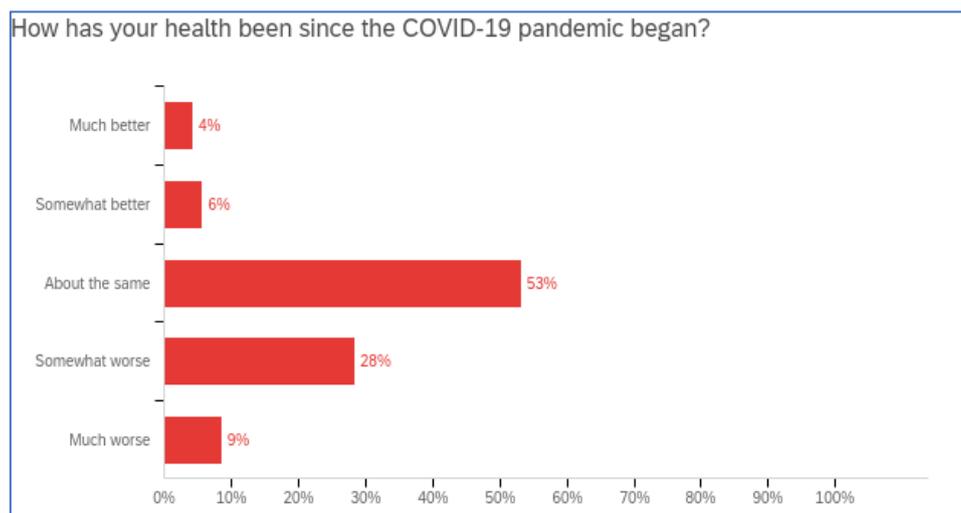


Figure 9: Health since COVID-19 began

7. Time off

Slightly more than half of respondents had taken time since the pandemic began. Most of this was planned annual leave, with smaller numbers reporting taking time off for sick leave or to mind children/ family.

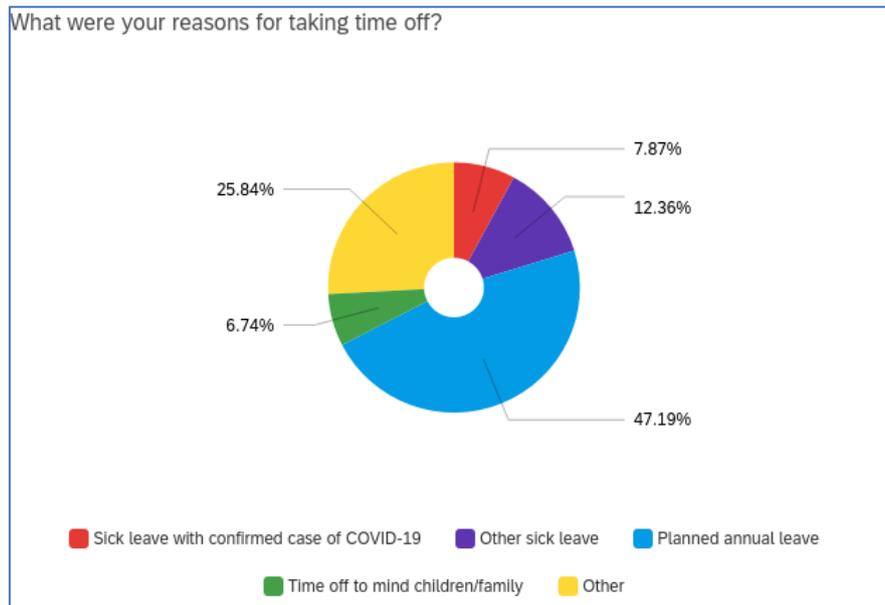


Figure 10: Reasons for taking time off (n=70)

A few reasons under other:

- Having to isolate because of close contact with person with COVID-19.
- Taking leave when hospital was quiet/no cases as a break/to recuperate.
- Taking some single days at a time to do routine domestic/life activities.

8. RCPI supports

The most useful COVID-19 supports from RCPI have been the Clinical Updates (Wednesday Webinars), followed by communications from the RCPI president.

RCPI has responded to COVID -19 with several supports. We asked people which of these they had found useful.

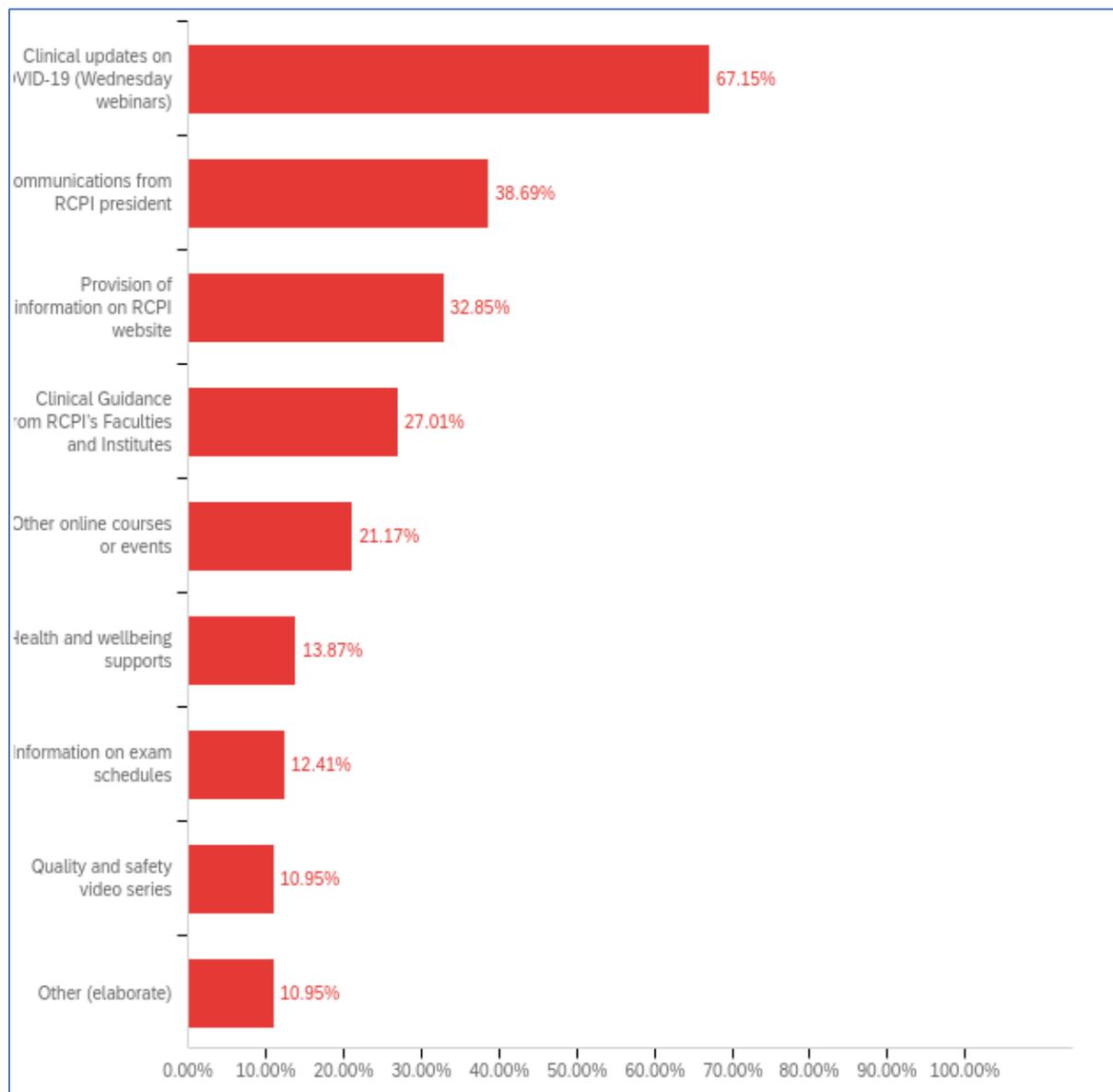


Figure 11: Which RCPI COVID-19 supports have been useful? (n=137)

- Clinical updates (Wednesday Webinars) were the most useful- 67% (92) of respondents to this question said these were useful.
- Communications from RCPI president- 38% (53) said these were useful.

People had the option to select 'other' for this question. A common theme in these responses were a lack of time to explore the supports offered.

9. PPE

Workplaces, have in general, met well with safety and PPE requirements.

- Many people said their workplace had met requirements very well or extremely well (approx. 50% of people who answered this question)
- A small number of people (6%) said their workplace did not do this very well at all.

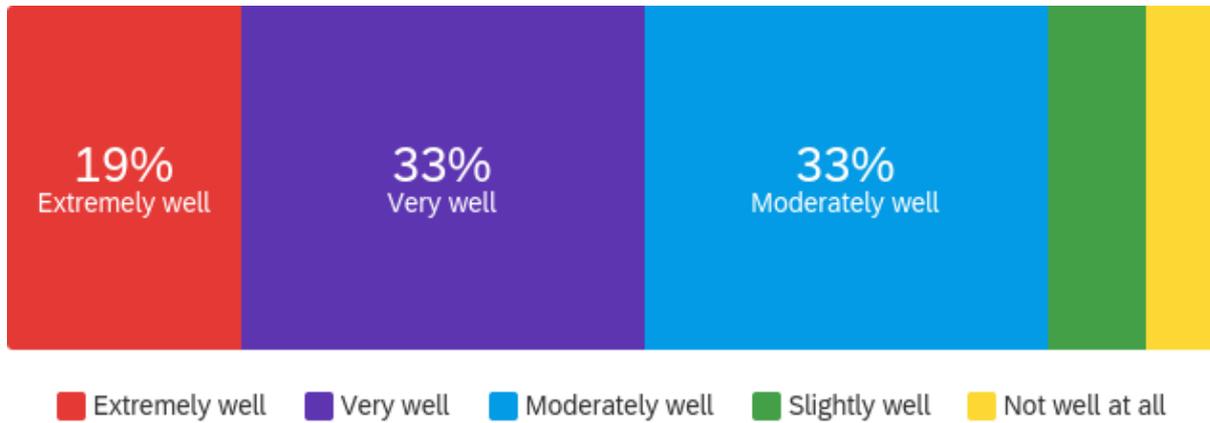


Figure 12: How well has your workplace met with safety requirements and provision of PPE in the context of COVID-19? (n=135)

10. Behaviour

Use of face masks when commuting to work was high, and people were paying attention to handwashing.

Most people using public transport wear facemasks when travelling but in fact only a small proportion were using public transport to get to work.

Most people said they were taking more care to wash their hands and to reduce interaction with family members.

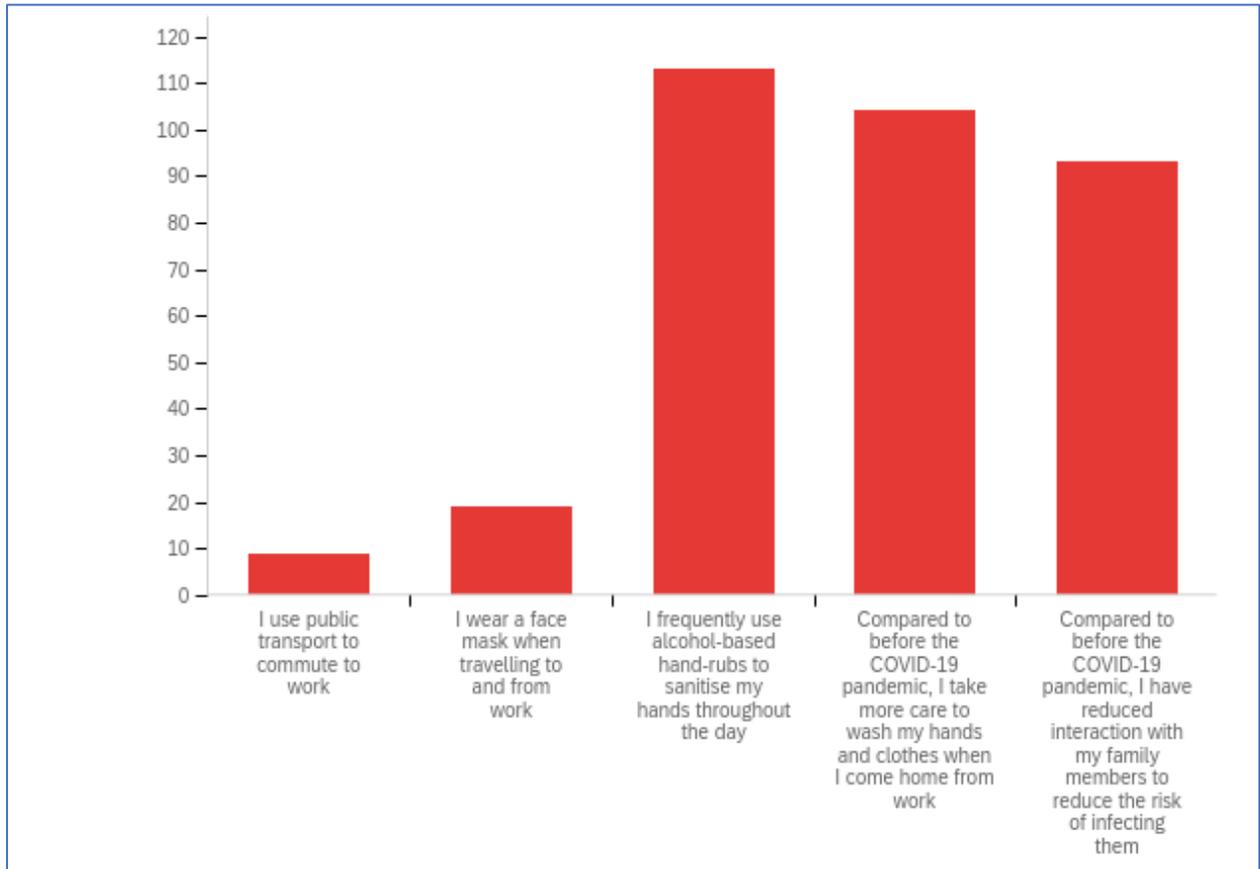


Figure 13: Indicate which of the following are true for you. (n=127)

Flu vaccine (n=127)

- 15% of those who answered this question had not had a flu vaccine last season
- 89% of those who answered this question said they would definitely get one next season

11. Training and Education Impact

As a result of the pandemic many people have been unable to meet training and education requirements. Many people transitioned to online courses and exams.

- Most people had seen courses cancelled or postponed.
- 37% of respondents had attended a course online
- Cancelled or postponed exams had affected 14%.
- A variety of impacts were mentioned under 'Other' including cancellation of conferences, increased knowledge on COVID-19, and the move to online learning.
- A number of trainees indicated they had had less contact with their trainer.

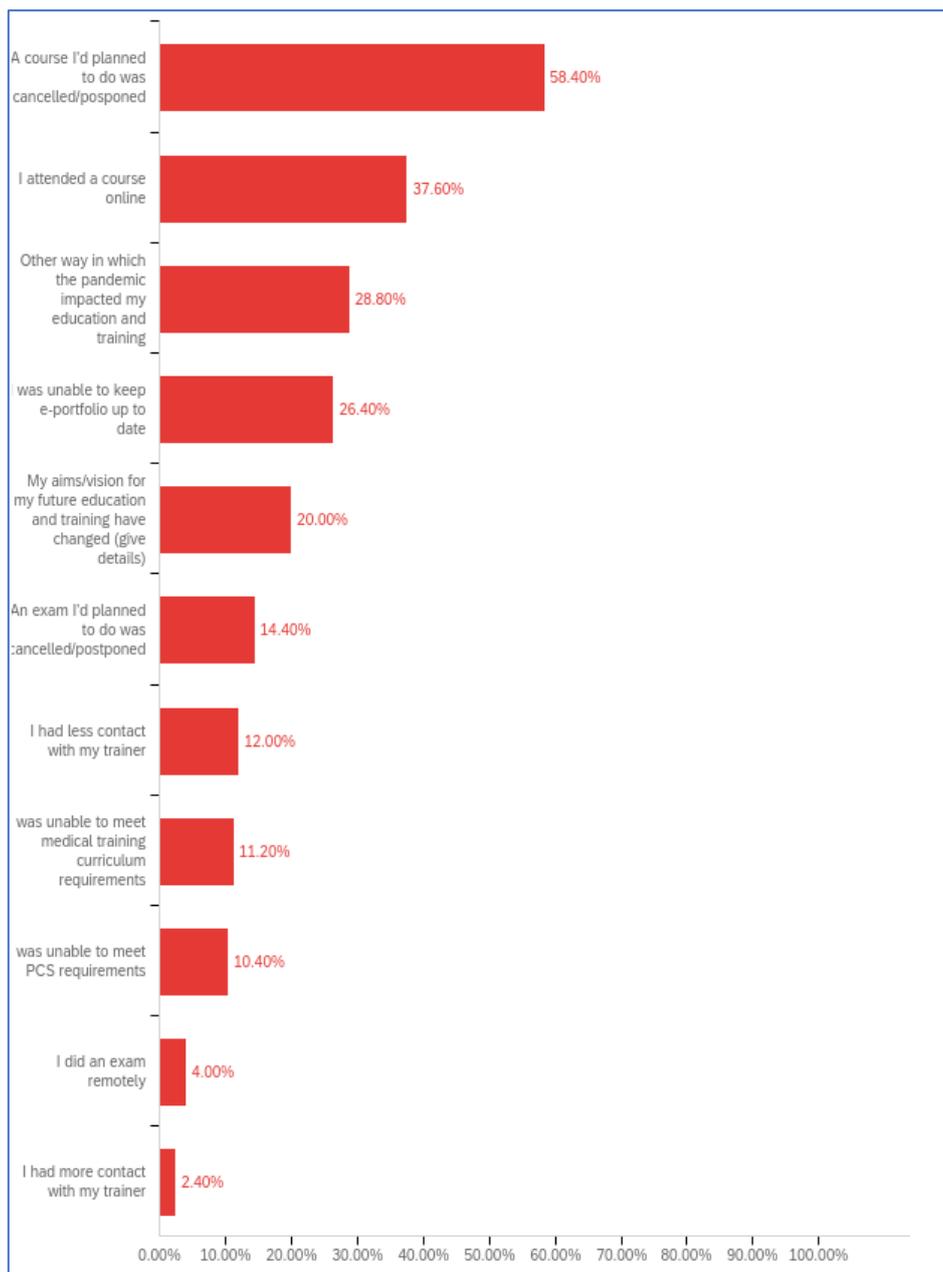
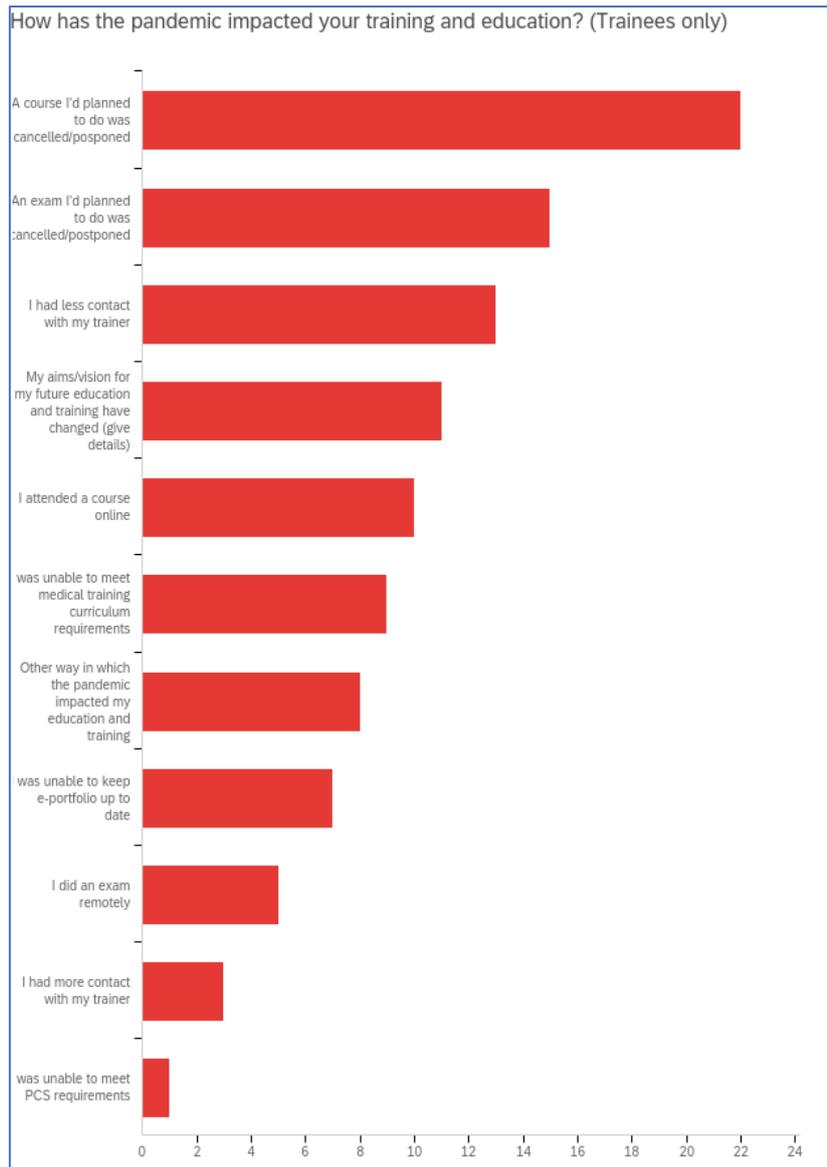


Figure 14: Impact on education and training (n=127)



We asked about training or education concerns given the expectation that there will not be an early resolution to the pandemic.

Some of the training and education concerns people had included:

- Completion of courses/ courses cancelled etc.
- Completion of exams.
- Challenges in learning clinical skills (with physical distancing and less patient contact).
- Loss of learning through networking with colleagues- including reduction in international networking as a result of conferences cancelled or moved online.
- PCS compliance.
- Impact on career progression.
- Impact of reduction in face to face contact (with patients and colleagues).

12. New skills and knowledge needed by physicians

Physicians need new skills and knowledge to support future innovation and change and to respond to the challenges to healthcare posed by the pandemic. IT skills and communication skills for the virtual context are important, as well as having adequate infrastructure and support. There is also a great need for adaptability and resilience.

We asked about the skills and knowledge physicians need to meet future challenges and to support innovation and changes. We mentioned the use of digital health as an example of innovation and change resulting from the pandemic.

Some of the skills and knowledge mentioned included:

- IT skills. This included hard skills and knowledge on useful software and apps for delivering telemedicine, softer skills in communication with patients and running meetings/webinars etc. How to translate clinical skills into virtual consultations e.g. for assessing patients was also mentioned several times.
- There were many answers that highlighted the need for adequate IT infrastructure and IT support to deliver digital health within the system.
- A number of people highlighted a need for adaptability and resilience.
- The need for adequate levels of staffing to support physicians in their work was also mentioned a number of times.
- Skills and knowledge in infectious disease was mentioned.
- The need for strong leadership skills was also mentioned.

13. Restarting the health service

The biggest challenges for restarting the health service are assessing the extent of unmet need and addressing the backlog in elective procedures. Managing physical distancing in clinical environments, preparing for a second spoke in COVID-19 infections and looking after the health and wellbeing of the workforce were also seen as big challenges.

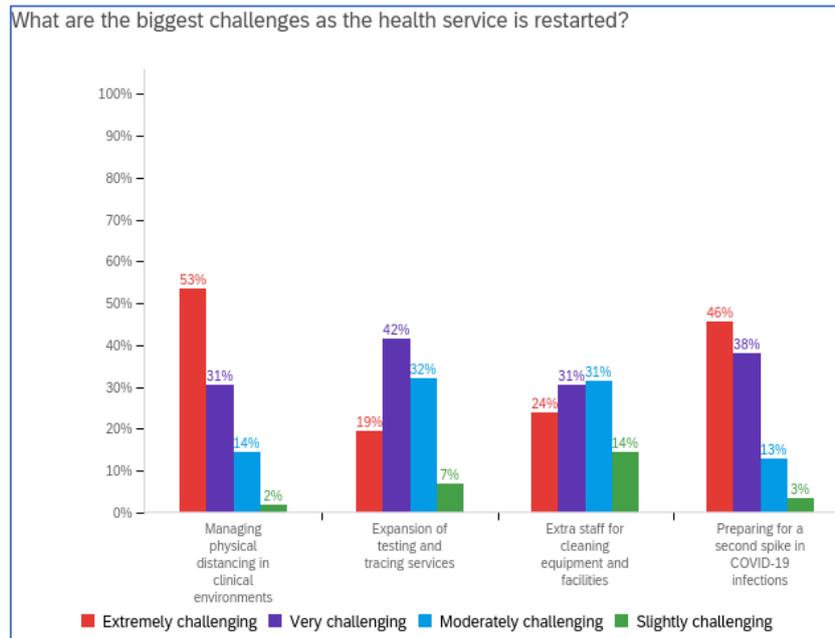


Figure 15: Biggest challenges in restarting the health service (n=118)

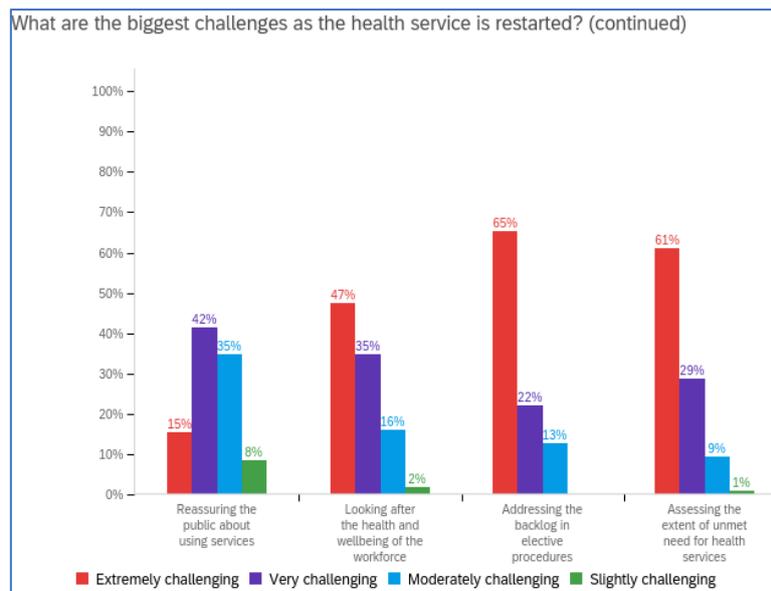


Figure 16: Biggest challenges in restarting the health service (cont)

- 90% of respondents to this question said that assessing the extent of unmet need was either extremely challenging or very challenging.
- 87% said that the addressing the elective procedure backlog was extremely challenging or very challenging.
- Preparing for a second spike in COVID-19 infections and managing physical distancing in the clinical environment were about equally challenging - 84% of respondents said these were extremely challenging or very challenging.
- 82% said that health and wellbeing of the workforce was extremely challenging or very challenging.
- Staffing challenges were mentioned frequently under 'other challenges', with a number of people mentioning challenges relating to the public health workforce.

14. Challenges and Opportunities (policy)

Doctor recruitment and retention continue to be concerns as is health and wellbeing of healthcare staff. Other areas of importance for potential policy development include health inequalities, expansion of hospital diagnostics and care into the community.

The survey asked respondents to consider any opportunities for innovations and improvements prompted by the COVID-19 response. Specifically, we asked respondents for their views on areas where RCPI should develop recommendations or policy in the next six months to two years.

We gave a number of proposed areas and also an option to provide information under 'other'.

- Medical recruitment and retention are concerns. 70% of respondents to this question said it was extremely important.
- 69% said health and wellbeing of doctors was extremely important.
- 58% thought inequalities in health were extremely important as a policy area.
- 57% said that the expansion of hospital diagnostics and care into the community was extremely important.
- Other important areas include addressing the back log in elective procedures (53% said this was extremely important) and digital health (51% said it was extremely important).

Other areas mentioned

- Several people suggested RCPI should advocate for/support consultant status for Public Health.
- Need for advocacy on major healthcare system issues (e.g. funding models, a universal one-tier system)
- Support for trainees, including NCHDs not on structured training schemes.

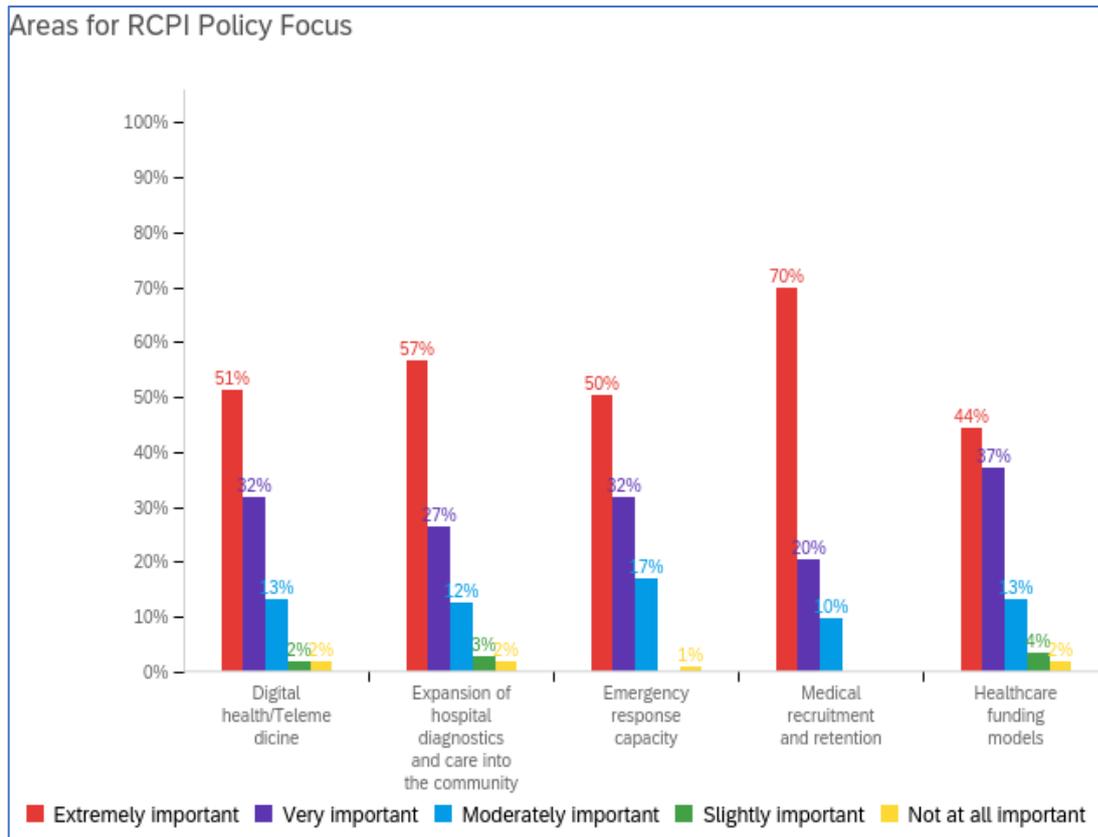


Figure 17: RCPI policy focus (n=113)

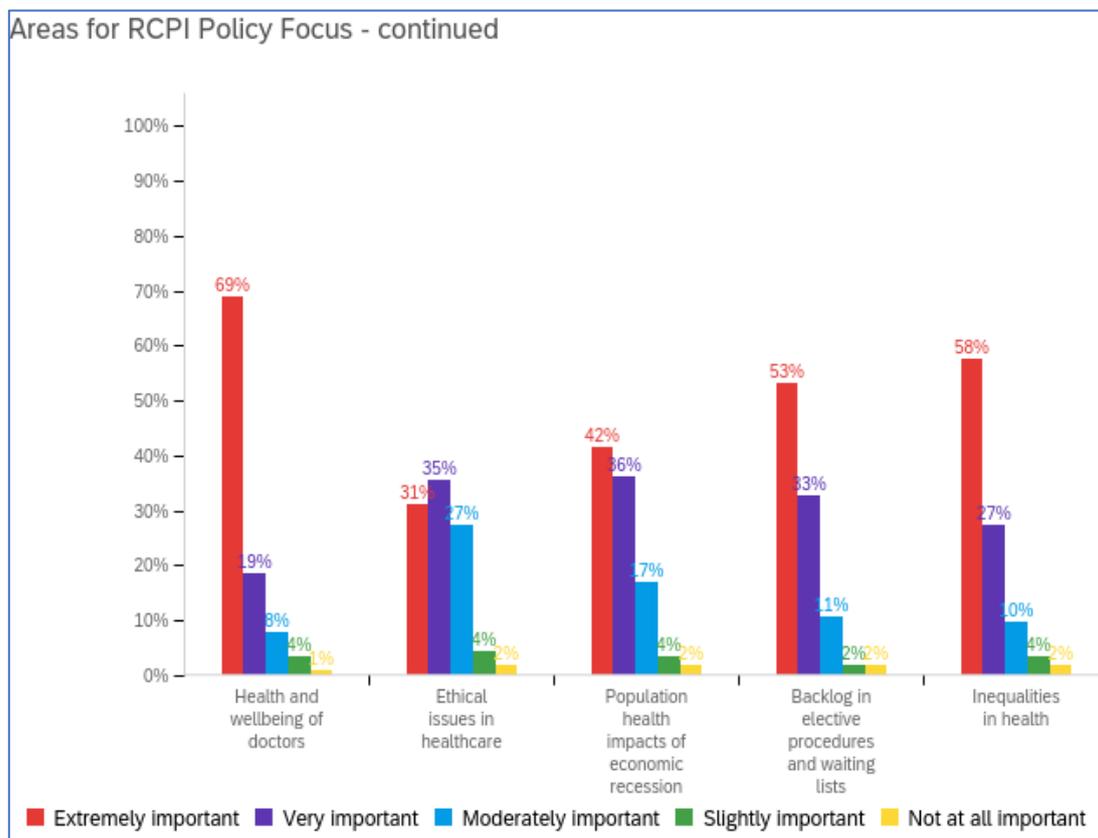


Figure 18: RCPI policy focus (cont)

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