

Introductory letter from the Editor-in-Chief

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In this the third issue we have more case studies from our students and a report of the 2nd Oxford Surgical Innovation conference (OxSI) showcasing some of the innovations from Oxford surgeons partnering with Engineers and insights into the future of surgical education.

This conference came at the same time as the COVID-19 pandemic and only a week before the UK went into lock down, and the day we suspended the Medical School, in Oxford. The pandemic has had a profound effect on societies and healthcare and also surgical practice.

In the UK, all elective surgery is cancelled as are all non-urgent outpatient appointments. Having triaged 400 appointments for our service, overall 85% were non urgent and could be cancelled, a further 12% could be undertaken as teleclinics and only 3% of patients needed to come to an urgent "Hot Clinic".

We have changed the service delivery model to a Consultant delivered model with a Consultant on call and consultant of the ward with twice daily ward rounds and a consultant only "Hot Clinic" daily at our 3 main sites.

This has freed up half the Consultant body to work from home, decreasing the footfall in the hospital, allowing for 100% spare capacity for both resilience and preparing for illness and self isolation if needed. It also frees up trainees for redeployment to other services as needed for the crisis. Our inpatient base has reduced by 75% and we have changed the thresholds for intervention. We are undertaking our weekly multi-disciplinary team meeting (MDT) remotely and all emergency interventions have a mandated 2nd opinion by another Consultant. There is a daily situation report to the whole team on activity on the Unit.

This is a radically different looking service with much more alignment of practice, teamworking and sharing of ideas and resources. It has inevitably

had an adverse impact on teaching and training and the challenge is to try to maintain education during the rest of the crisis so that this generation of students and trainees are not disadvantaged compared to those before them.

We need to support our colleagues in the frontline of caring for patients with COVID-19 infections whilst also looking after the emergencies presenting to our own surgical services as well as taking care of our teams, colleagues and families.

As we come through the crisis, we will also need to take stock and reflect on what we have learnt so that we do not simply go back to our previous systems of care and service delivery, but learn from the positive changes we have made during the crisis and embed those in our way of working such that the future services are better and more efficient than now. We owe that to all those who have suffered and those that will suffer during this crisis.

I hope that you stay safe and well in the coming weeks and months.