

286. In regard to anaesthetics specifically, the derogations allowed anaesthetists in training to progress through elements of practice within the training programme, and to facilitate completion of training. The derogations also allowed anaesthetists in training in core training posts to apply for and progress to ST3 (the first year of higher training) without having successfully completed all elements of the Primary FRCA examinations, as would normally have been the case. They also allowed anaesthetists in training in higher posts until the end of ST5 to achieve the full Final FRCA exam.

287. The derogation in relation to the Primary FRCA exam led to pressure on recruitment with far more people applying to ST3 level than there were jobs available.

288. There was also a change/hold in rotation dates across other grades e.g. foundation grade. Many did not rotate (or rotated late) into community placements e.g. GP, psychiatry in favour of keeping them in acute areas e.g. ICM, emergency departments, and acute medicine to help support staffing areas under pressure.

Impact on Association meetings

289. The Association puts on meetings relevant to anaesthetists in training. During the early stages of the pandemic its Trainee Conference (June 2020) and its Annual Congress (September 2020) were cancelled. Some later meetings became fully virtual, including the Winter Scientific conferences (January 2021 and January 2022), the Annual Congress (September 2021). Others became hybrid, including the Trainee Conferences (June 2021 and June 2022), and Winter Scientific conference (January 2023). Approximately 30 seminars and eight Core Topics meetings were converted to virtual.

290. The Association had to learn very quickly new ways of putting on meetings and clinicians also had to adapt to the new way of attending what had previously been traditional 'in person' conferences. There was a steep learning curve for both parties. At the start of the pandemic, video conferencing was new to many people, and many felt they did not get the same out of such meetings as they previously had. This means that educational provision for members was reduced.

TRANSMISSION OF COVID-19 AMONG OUR MEMBERS

291. While frontline HCW were, in general, at higher risk of infection, anaesthetists and intensivists seemed relatively less affected, both in terms of infection and Covid-19-related mortality. In April 2020, 119 deaths of HCW were looked at and no deaths were found amongst anaesthetists or intensivists who would be considered to be at high risk [DB1/077 - INQ000352887].

292. The reasons for this have been explored [DB1/078 - INQ000352883] and include:

- (a) The use of higher performing PPE.

- (b) That ICUs are already well-ventilated.
- (c) That anaesthetists and intensivists were already expert in the use of infection control precautions given the environments they routinely operate in, therefore their roles required relatively fewer behavioural changes.
- (d) That a Covid-19 patient's peak infectivity usually occurs before critical illness, which means intensivists and anaesthetists encountered patients who, while more ill, were less infectious than those encountered by other healthcare professionals.
- (e) That interventional airway management may not generate aerosols and hence lead to lower aerosol levels than in wards, where coughing and sneezing may occur more frequently.

293. Research has shown that use of higher performing PPE has been found, in general, to reduce risk of infection [DB1/079 - INQ000352907]. This remains the case even after controlling for possible bias due to frequency of testing and reinforces the need for not just quantity of PPE, but also quality.

UNEQUAL IMPACT OF COVID-19 ON OUR MEMBERS

294. Some members raised concerns about the unequal impact of the pandemic on people with certain protected characteristics. To provide one quote:

"It was clear from early on that older and BAME individuals faced a worse outcome from Covid, yet individuals with these characteristics were amongst those doing the most work. I pointed out the inequality going on and was told publicly in a departmental meeting that "life wasn't fair" and that there was no problem here that they were going to rectify." (Anonymous)

295. In the early phase of the pandemic, concerns around working as an international medical graduate (IMG) were highlighted by FICM who shared examples of good practice and ideas of how to support IMG and also BAME colleagues until more was known [DB1/080 - INQ000352928]. This included:

- (a) Focussing on the health and wellbeing of IMGs who may be away from and unable to visit family during the pandemic.
- (b) Recognising the commitment IMGs were making to the UK Covid-19 response.
- (c) Provision of training and mentoring in addition to ensuring concerns could be highlighted and addressed where possible.
- (d) Risk assessment and appropriate deployment based on this assessment.