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Correspondence and Communications

COVID-19: A unique opportunity to upgrade medical conferences

Dear Sir,

The COVID-19 worldwide pandemic has had a profound impact on the delivery of care, education and training within healthcare. These unprecedented times have enabled opportunity for innovation in the provision of each of the above and has also seen the development of novel industry collaborations with healthcare institutions, both in terms of medical devices and changes to supply chains. Stemming from established concepts of business process transformation, technology has been at the heart of change. Within the field of plastic surgery, innovations have ranged from redesigning service provision and virtual delivery of clinical care, to adaptations in the delivery of teaching. These new innovations look set to redefine the future landscape of healthcare and we propose considering a new approach to medical conferences.

Often delivered on an annual basis, medical conferences provide an opportunity to disseminate knowledge, nurture collaborations, and develop presentation skills for junior attendees. The value of the academic content and the skills gained through presentation have been recognised by many higher training bodies who have incorporated both attendance and presentation at conferences as part of their scoring criteria. However, there have been discussions about the potential negative implications of medical conferences with some suggesting that they are of limited value.

The authors feel that there are three key issues that remain contentious being costs, engagement and the practicalities of attending conferences.

Costs represent a necessity but also a point of contention regarding the potential profit generation. The overheads, costs of venue and catering must of course be covered, however, this then poses a potential barrier to entry. Furthermore, many conferences are often held abroad which compounds the financial impact with flights, transport, accommodation, child-care, and organizational costs of arranging cover.

Whilst the benefits of conferences are alluded to above, many conferences are structured so that sessions are run in parallel and as such, there are often opportunity costs of attending one session over the other. Furthermore, the vast quantity of information can lead to issues of engagement which are further compounded by issues such as jet lag in the case of international conferences. The result of this is a potential restriction in the academic value of such conferences.

The practical elements of attending conferences include the impact of attending these conferences both on a micro and macro level. The costs, jet lag and absence of doctors from the hospital are described above, however, on a macro level, there are environmental considerations, particularly with between 4000 and 10,779 tonnes of carbon dioxide emitted by attendees of a single medical conference.4

With current social distancing measures likely to be present for the near future, we propose that technology could support and potentially address the issues of medical conferences described above and provide a contemporary, viable solution. The recording of presentations similar to the format of the PLASTA and BAPRAS webinars in combination with listing posters which can be viewed at the attendees leisure.

Conversely, there are limitations to virtual conferences, in particular the lack of opportunity to build interpersonal relationships and have conversations within smaller groups with colleagues and collaborators from other disciplines, as well as the more personal element of travelling to different countries and regions and embracing other cultures. In addition, important considerations such as security of the platform are amplified in the setting of virtual medical conferences, where due to the ability to host many more participants, the associated risks with breaches in security are much greater. Engagement in breakout sessions can be challenging, with technical glitches commonplace, inadequate bandwidth and challenges to traditional ways of networking.

On balance, virtual conferences offer clear and tangible training benefits, as well as scope to reach greater audiences, but are limited by the lack of opportunity to build important interpersonal relationships within the profession. They are likely to represent an important addition to dissemination of research and training, alongside existing conferences once social distancing measures are relaxed. Whilst there would still be costs associated with organising and hosting virtual conferences, they would be substantially less than existing conferences, and offer greater accessibility. The way forward will likely involve a hybrid format, leveraging the benefits of technology for convenience, cost and accessibility, whilst allowing the benefits of face-to-face conferencing. Further work could explore the potential role of virtual conferences alongside conventional conferences to assess both the educational value and participant perceptions.
Authorship

All authors have made substantial contributions to all of the following:

(1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data
(2) drafting the article or revising it critically for important intellectual content
(3) final approval of the version to be submitted.

Declaration of Competing Interest

The authors confirm that they have no conflicts of interest to declare.

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References

1. Sadr MAH, Gardiner MS, Burr MN, Nikkhah MD, Jemec MB. Managing Hand Trauma during the COVID-19 pandemic using a One-Stop Clinic. J Plast Reconstr Aesthet Surg 2020;73(7):1357-404.

2. Sleiwah A, Mughal M, Hachach-Haram N, Robin P. COVID-19 lockdown learning: the uprising of virtual teaching. J Plast Reconstr Aesthet Surg 2020;73(8):1575-92.

3. Swash M, Lees AJ. Medical conferences: value for money? J Neurol Neurosurg Psychiatry. 2019;90(4):483-4.

4. Roberts I, Godlee F. Reducing the carbon footprint of medical conferences. BMJ 2007;334(7589):324-5.

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