

## Editorial

Is it currently possible to write a sentence without mentioning COVID-19? Apparently not! We have learnt a new lexicon of phrases and are coming to terms with the “new normal”.

As we isolate in our “bubbles” and continue to work from home or travel to and from clinical service, the initial focus has been on reaction and transition. We have all scrambled to maintain our programmes as best as we can, fighting for placements, negotiating new ways of learning and rapidly converting to off-site and online. You will have agonised about how to assess competencies without a clinical context and engaged with the many stakeholders that our programmes require to function.

As we settle into this transition phase, we cannot avoid reflecting on how long this will last and the unclear future. Uncertainty is a big part of clinical practice, so we should be prepared for this, but it’s not easy. The principle for the programme that I lead has been to focus on the “now”, but to have a range of options for the “what next?”.

Disruption is a powerful change agent. In my own setting, there are things that we have been hoping to change and things we have held onto; both have been disrupted. There will be some wins and some losses. Overall, we need to see the benefits in shifting our thinking, forcing innovation and defining what is core.

Across the health and education sector, we have demonstrated a significant degree of agility and flexibility. I have also been impressed by the resilience of staff and students alike. There has been a real sense of being in this together and having to get on with it. This has been true locally, regionally and internationally. Academic institutions and commercial entities have been generous with resources and advice.

The willingness to communicate, share, support and collaborate has been impressive. I have been reminded of my colleagues at the Christchurch clinical school who had to navigate this alone after the earthquakes in 2011. Everyone being in it together makes a huge difference. There are existing collaborative groups in medical education across Australia and NZ, through the Medical Deans. This collaboration has become stronger over the last few weeks through discussion forums and regular meetings. The openness, generosity and good humour of this group have been an important pillar in building our transitional programmes. I have also been involved in a multi-professional NZ group, seeking to take a national view and to advocate for our programmes.

Sharing our wins and losses will continue to be part of our journey. I hope that *FoHPE* can be part of that. I am sure that it will dominate our annual ANZAHPE conference, as it also reshapes itself into a virtual networking event.

I have also been reflecting on events that prepare us for disruption and change. Three years ago, we had an unresolved loss in our family. This experience brought uncertainty into sharp focus and forced us to focus on what our foundations were, our certainties. For me, that was helpful. In 2019, as I undertook my new role as the head of programme for the MBChB, we

## EDITORIAL

had several doctors' strikes, the Christchurch terrorist attacks, the measles outbreak and the Whakaari eruption. Each of these gave a small taste of what COVID-19 has brought us—disruption to placements, anxiety, unpredictability, risk of infection and how to manage the various parties, and sudden transitions in healthcare. We never stop learning, and while sometimes we fail, we make progress.

This is my last issue as editor, but I have to give most credit for this issue to incoming editor, Karen Scott. As we undertook the initial preparation of the manuscripts, the impact of COVID-19 had begun to ramp up. I have been very grateful for the way Karen has taken the reins and know that we will be in good hands.

Look after yourselves, your whanau/family, your students and your peers.

He waka eke noa | *A canoe we are all in together.* Keep paddling.

Andy Wearn  
Editor