

# **Marie Curie Palliative Care Research Conference 2020 – Feedback from attendees, equality, diversity and inclusion summary and learnings for future online events**

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## Marie Curie Palliative Care Research Conference 2020 – Feedback from attendees and equality, diversity and inclusion summary.

### Background

Marie Curie has hosted its Palliative Care Research Conference in collaboration with the Royal Society of Medicine for the last 10 years. However, due to the ongoing COVID-19 pandemic, the 2020 conference scheduled for October was cancelled. The Research Management Team made the decision to hold virtual events throughout a week in October as 1-hour lunch and learn sessions. Each session had two presentations and time for question and answers.

The sessions ran from 2<sup>nd</sup> – 6<sup>th</sup> November and each day was themed around an important area of palliative and end of life care research. These themes were bereavement, patient and public participation and involvement in palliative and end of life care research, research & policy, equality, diversity & inclusion and COVID-19 and palliative and end of life care research.

All the sessions were recorded and can be found [here](#). We also shared additional content and presentations related to each theme [here](#).

### Aims of the conference

The aims of the first Marie Curie palliative care virtual research conference was to showcase Marie Curie funded research. Using an online platform, we aimed to engage a wider audience with Marie Curie funded research on priority areas within palliative and end of life care research.

### Communicating the conference

A structured approach to communicating information about the conference to both internal and external audiences. This included the creation of an EventBrite registration page which allowed it to be searchable on this website.

To encourage internal Marie Curie staff to attend, we made use of direct emailing, Yammer posts and including conference information in internal communications pieces.

Externally, conference information was included in our research newsletter, communicated to our partners and other charities, research centres and the Palliative Care section at the Royal Society of Medicine. It was also communicated via Twitter on the Palliative and End of Life Care account, and speakers own personal channels.

Attendees were sent calendar invites for the sessions once they had registered, and also sent a reminder link on the morning of each conference session containing the link to join the live event.

### Attendees

The conference saw **991 individual registrations across all sessions**. Throughout the week we had an overall attendance of 1101. The peak attendance for each session can be seen in Table 1 below.

*Table 1. Peak attendance for each session*

Session	Peak attendance
Bereavement	306
Patient & Public Involvement and Participation in Palliative and End of Life Care Research	202
Marie Curie Research & Policy	170
Equality, Diversity & Inclusion in Palliative and End of Life Care Research	217
COVID-19 & Palliative and End of Life Care Research	206

From an analysis of those who inputted their organisation into the registration form, there were registered attendees from **373 different organisations**. The highest number of registered attendees were unsurprisingly members of Marie Curie staff or volunteers with **138 registrations**. The virtual conference had a worldwide reach, with registrations from countries including Australia, New Zealand, Malaysia, Gibraltar, Malta and the USA.

The registered attendees were from a variety of backgrounds and a breakdown of their occupation can be seen below in Table 2. Those attendees who selected 'other' included those within research administration/management roles, counsellors, PhD students, policy professionals, marketing and PR, volunteers, end of life doula's, students and allied healthcare professionals, amongst many others.

*Table 2 The occupation of registered attendees to the Marie Curie research conference 2020.*

Occupation	Number of registered attendees (%)
Other	197 (19.9%)
Nurse	173 (17.5%)
Researcher	142 (14.3%)
Palliative care doctor	129 (13%)
Specialist palliative care nurse	127 (12.8%)
Professional allied to medicine	63 (6.4%)
Other specialist nurse	47 (4.7%)
Social worker	47 (4.7%)
Other specialist doctor	21 (2.1%)
Patient and public involvement representative	16 (1.6%)
Prefer not to say	12 (1.2%)
Chaplain	7 (0.7%)
Care home, or home care, staff	5 (0.5%)
General Practitioner	5 (0.5%)

## Feedback survey

A short survey was emailed to all registered attendees for their feedback on the conference week. We received 95 responses to the survey, which indicates a response rate of 9.6%.

Attendees reported overwhelmingly that the registering for the sessions was either very easy (72.6%) or easy (24.2%). Most found that joining the sessions on Microsoft Teams was easy (12.9%) or very easy (78.5%) and use of the platform was also similar, (30.9% and very easy 61.7%). Only 2.2% found the use of the platform difficult.

The communications before the event were rated as very good or good by 97.9% of attendees who responded to the survey.

Respondents were asked what they thought of the digital format in comparison to our usual face-to-face conference. There were positive reactions to the virtual format, including that it was helpful and more accessible for people who may not have been able to attend in person and also that the hourly sessions were more convenient and did not require a whole day out of usual work. However, conversely there was also a preference for face-to-face for some attendees, and in particular for the networking aspects of conferences and opportunities to present posters:

*“Different to face to face. Easier to attend. Good that it was spread over lunchtimes rather than one full day. Well chaired and run to time (all sessions). People seemed more open to asking questions through the chat forum than in the conference. Missed the interaction with others and networking. Missed the posters.”*

*“It was excellent as I would normally not be able to attend. Liked the daily slot as well as it was much easier to be able to attend rather than a full day”*

*“Face to face is of course so much nicer and you can chat to lots of other people - but this was also great as I could fit it around my busy day and with no lengthy travel.”*

*“It was a good compromise. The main difference is the networking during the breaks. The content and discussion made up for the compromise”*

The virtual conference has given us the opportunity to reach audiences across the world who may not have been able to attend otherwise:

*“I found the whole experience excellent. It was amazing to be able to join the conference and access quality training and research. Being an NGO based in Gibraltar this would not have been possible or cost effective otherwise. Thank you for making such shared learning experiences so widely available. It was an invaluable experience.”*

96% of attendees answered ‘yes’ as to whether they would be interested in attending future virtual webinars, conferences and events ran by Marie Curie. The remaining 4% said they may be interested.

You can see a summary of the full results [here](#).

## Equality, diversity & inclusion data

As part of our registration process, we requested attendee demographic information to allow us to identify the groups we are currently reaching with our content and conferences and use this to enhance our reach to others in the future. This was in the form of optional questions around gender identity, ethnicity, sexual orientation, age and occupation which were based on those used by the Office for National Statistics. The data below is from all those who registered to attend. We do not have specific data on which attendees attended the live sessions.

## Gender

A large proportion of the registered attendees were female (89%) compared with male (10%) and other (1%).

As a comparison the [Association of Palliative Medicine workforce report](#) found that of the 622 palliative medicine consultant posts, 76% were female. However, only 129 palliative care doctors attended the Marie Curie conference so this data is not directly comparable to all the occupations in attendance but does give us a good idea of why the female attendance may be so high.

Gender of attendees of the Marie Curie Virtual Research Conference 2020

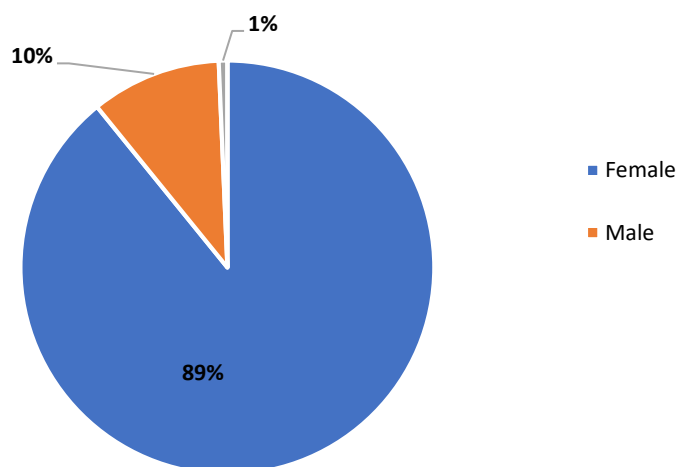


Figure 1. The reported gender of registered attendees to the Marie Curie research conference 2020.

## Age

Figure 2 shows the age of conference attendees, which is in line with statistics from the [Royal College of Physicians](#) which indicate that, the highest number of palliative care consultants falls within the age brackets of 35 – 39 and 40 – 44, followed by 45-49 years old. Whilst those age brackets do not directly compare with the ones used in this evaluation, the age range of the people attending appears similar, with the highest number of attendees in the 35-44 and 45-54 brackets.

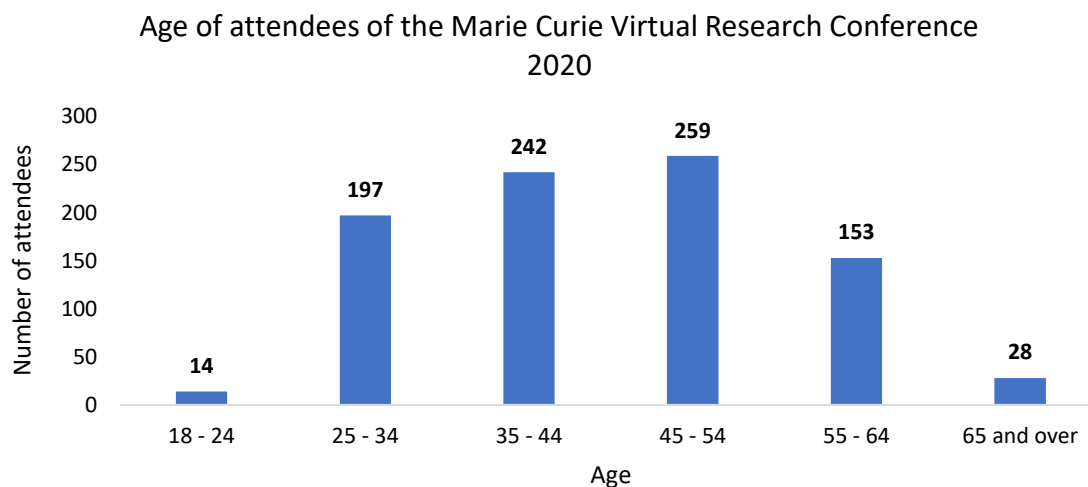


Figure 2. The reported numbers of registered attendees for the Marie Curie research conference 2020 within age ranges.

### Ethnicity

Attendees were predominately from white backgrounds (79%), followed by 8% from other ethnic groups, 4% from both Black, Black British, Caribbean or African and mixed or multiple ethnic groups. 5% did not specify their ethnicity.

Those who selected the option of other ethnic group were asked to specify their ethnicity further. This included Arab, Chinese, Asian British, Taiwanese, Iranian, Chinese, British Pakistani, Indian, Asian, Sri Lankan Asian, Turkish, Indian British, Filipino, British Arab, White Moroccan, Latinoamerican, brown, white other, Asian Pakistani, Malaysian, Korean, South East Asian, Asian Punjabi, Minangkabau people and prefer not to say.

In comparison to the general population ethnicity estimates in the UK, 87% of people in the UK are White, and 13% belong to a Black, Asian, Mixed or Other ethnic group ([2011 Census data](#)).

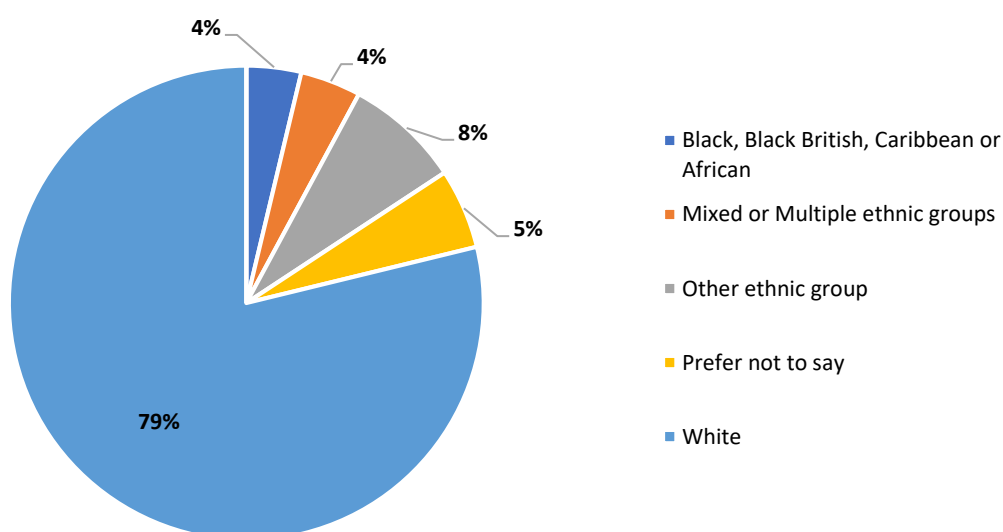


Figure 3. Ethnicity of attendees of the Marie Curie Virtual Research Conference 2020

## Sexual orientation

Information on the reported sexual orientation of registered attendees to the conference can be seen in the graph below. 91% of registrations were from people of heterosexual orientation, 4% from those reporting as gay/lesbian, 2 bisexual and 2% other. Those who selected 'other sexual orientation' included pansexual, asexual and those who preferred not to answer.

## Suggestions from participants for future online events

- The following suggestions for future online events are based on the feedback from attendees at the 2020 Marie Curie virtual conference: Include opportunities for poster submissions to showcase a wider range of research
- Interactive or break-out sessions are aspects of online conferencing that we can consider if we are to run future conferences virtually
- The inclusion of more bite size or practical sessions was an additional suggestion for the format of conference sessions.

Attendees gave additional feedback on what topics or themes they would like to see more/less of in the future. Suggestions for future topics included:

- More information about staff support,
- Spiritual/religious care at the end of life and further focus on
- Patient & Public Involvement
- Equality, Diversity & Inclusion.