Training in General Surgery in the context of COVID: Our Experience

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Introduction

Barnet General Hospital is a busy hospital with extensive training opportunities in both general and colorectal surgery. Our hospital has the highest volume of colorectal cancer work within the training region and denotes one of the most popular training allocations. COVID-19 affected the geographical region significantly with a subsequent impact on training.

Aims

Our aim was to identify how training has changed in the context of COVID-19 by evaluating the number of elective training opportunities available before, during and after the first wave of COVID.

Methods

We examined the number of available training sessions before, during and after the peak of the first wave of COVID-19.

Results

Prior to COVID, there were a total of 7 elective theatre sessions, 5 day case procedure sessions and 5 endoscopy sessions. The elective sessions comprised mainly of colorectal cancer resections. There were a total of 5 outpatient clinic sessions a week and a fully emergency service with a dedicated theatre.

During COVID, all elective theatre sessions were cancelled included cancer resections. All outpatient clinics were also cancelled. All sub-resident level trainees were redeployed to other hospital areas and the only emergency services continued with a higher frequency on-call rota. Emergency surgery was initially conducted by two consultants. Overall hospital attendances due to surgical admissions were significantly lowered.

Cancer surgery resumed after 6 weeks but at a clean site with a dedicated clean team. This was for 2 sessions a week. This was consultant led only and trainees were not allowed to attend for the first month.

Despite the significant reduction in hospital admissions due to COVID, cancer surgery is not due to imminently resume locally for concerns regarding a second wave. There are 5 day case sessions and 5 outpatient clinics a week but these have a significantly reduced number. Trainees are not routinely allowed to attend endoscopy sessions, although services have resumed but at a reduced number owing to an increased PPE requirement.

Conclusions

Surgical training has been significantly adversely affected by the COVID crisis in the short term but the more long-term repercussions are yet to be fully understood. With the advent of a second wave, training must be safeguarded to avoid a significant impact upon the delivery of surgical training.

References

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