



Association of Surgeons in Training
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Dear Surgical Trainees,

14th March 2020

RE: COVID-19. The implications for surgical trainees in the delivery of care and training

COVID-19 has been declared a pandemic by the World Health Organisation.¹ It will have significant effects on the health of the general population, including the surgical workforce, and the capacity of our health system to function effectively. The uncertainty of the situation is unprecedented. To assist and inform surgical trainees, ASiT Council and the 15 speciality associations that represent surgical trainees across all grades and specialities have prepared this statement to support our trainees and bring together links to the current information. We highlight how trainees will be affected during this critical time. We advise you to check the referenced sources of information daily.

Current Status

As cases and deaths continue to rise, The United Kingdom (UK) and Republic of Ireland (ROI) are moving from a containment to a delay phase which intends to flatten the curve such that the number of cases remains within the capacity of our health services. This is crucial to protect patients and hence minimise the mortality rate of the virus following the Chief Medical Officer's (UK) and National Public Health Emergency Team's (ROI) escalation of risk from moderate to high.³

Patient and Colleague Safety

The number one priority for all healthcare professionals, including surgical trainees, is and will always be, to deliver the optimum standard of healthcare. However, we must also emphasise the importance of trainee safety.⁴ At an individual level, we must be exemplary in our infection control, hand hygiene and personal/respiratory protective equipment (R/PPE) behaviours and demonstrate courage and leadership when observing all self-isolation guidelines both in the UK⁵ and ROI.⁶ ASiT and the speciality associations urge you to support and cooperate with all members of the multidisciplinary team, particularly our acute emergency, medical and critical care specialities. We know that surgical trainees will demonstrate the flexibility, diligence, collegiality and professionalism required to deliver the best quality care for our patients. We have a duty to work with all healthcare professionals to achieve this.

Healthcare Delivery

Healthcare delivery must adapt to the current climate as surgical trainees are re-deployed into unfamiliar environments. This will require trainees to face challenges that they may not be accustomed to in their usual practice. We are guided by the four Chief Medical Officers' combined statement calling us to stick to the basic principles of being a good doctor through this difficult period.⁶ In order to protect patients and healthcare providers, trainees should act within their capabilities and with appropriate supervision. The local Postgraduate Dean should be made aware of any trainees being deployed to

other clinical areas outside of their usual daily practice or grade. Adequate support must be provided when senior trainees are functioning in supervisory roles. Appropriate induction and supervision must be provided. Clearly, trainees from different surgical specialities will all face slightly different challenges. We all have a responsibility to familiarise ourselves with local and national treatment algorithms to be best prepared to tackle COVID-19.⁷⁻¹⁰

Supporting Trainees

Following the release of the joint policy statement from The Surgical Royal Colleges, all educational and training events requiring travel will be cancelled from Monday 16th March.¹¹ We implore ongoing transparency from the Post Graduate Medical and Surgical Colleges and Educational Governing bodies. Trainees deserve clear, consistent and timely communication as the situation evolves. We recognise that trainees may have understandable anxiety about decisions required to provide the best possible care in these challenging circumstances. The General Medical Council (GMC) has stated that factors relevant to the professional working environment including resources, current guidelines and protocols will be taken into account in the event of any regulatory concerns.¹²

Training & Recruitment

Whilst patient care is, appropriately, the number one priority, we are acutely aware that COVID-19 will have a profound impact on surgical training. We will closely monitor the implication of the situation on surgical trainees over the coming weeks. We will ensure that issues are addressed through ASiT with the four Surgical Royal Colleges and, along with the speciality associations, we will work to support trainees. We will advocate that trainees are not unduly penalised and that the longer term implications for indicative numbers, ARCP outcomes and progression are planned and accounted for. At present the recruitment and selection timetables remain unchanged. We acknowledge and support the statement from the four statutory educational bodies Health Education England (HEE), NHS Education for Scotland (NES), Health Education and Improvement Wales (HEIW) and Northern Ireland Medical and Dental Training Agency (NIMDTA) and the GMC which establishes the critical importance of flexible working.¹³ In response we ask that all educational governing bodies take a proportionate approach, postpone early with as much public notice as possible, answer trainees questions and continue to provide regular updated guidance going forward.¹⁴

Together

This is an extraordinary challenge. The situation is rapidly evolving and as a workforce, we will be expected to respond safely and diligently. As we face a significant health risk to ourselves, increased workload, likely longer hours and additional pressures in our clinical environments, it is vitally important to self-care. Governing bodies must facilitate safe practice; training bodies must demonstrate flexibility.

Exams can be re-sat, recruitment rounds re-run and fellowships rearranged but what we won't get is another opportunity to define how we respond in the face of this healthcare crisis. ASiT and the

speciality associations have faith in our community of surgical trainees to deliver excellent patient care in the most trying of circumstances. We must act together across all nations, specialties and grades to do our best for our patients and look after one another as colleagues at this difficult time.¹⁵

Yours faithfully,



Mr. Joshua Burke	ASiT President on behalf of ASiT Council
Mrs. Tricia Campbell	President, British Orthopaedic Trainees Association (BOTA)
Mrs. Siobhan Mckay	President, Roux Group
Mr. Shaneel Patel	President, Rouleaux Club
Ms. Deena Harji	President, Dukes' Club
Miss. Gina Weston-Petrides	Chair, Mammary Fold
Mr. Richard Page	President, Society for Cardiothoracic Surgery, GB and Ireland
Mr. Sotonye Tolofari	Chair, British Association of Urological Surgeons-Trainees Section
Mr. Ashan Jayasekera	Chair, British Neurosurgical Training Association
Mr. Dominic Summer	President, The Herrick Society
Mr. Manish George	President, Association of Otolaryngologists in Training
Mr. Benjamin Baker	President, Plastic Surgery Trainee Association (PLASTA) UK
Mr. Omar Nasher	National Trainee Rep, British Association of Paediatric Surgeons
Sqn. Ldr. Claire Webster	On behalf of Military Trainees as ASiT Rep
Mr. Raghuram Boyapati	Trainee Rep, British Association of Oral and Maxillofacial Surgeons
Dr. Afsana Elanko	President, British Association of Surgical Oncology Trainees

References and Guidance Links

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[All Last Accessed 14th March 2020]