**Impact of COVID on UGVS ATSM**

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***Aim***

The aim of this project was to assess the impact that changes in work around the COVID-19 pandemic have had on the Urogynaecology and Vaginal surgery (UGVS) ATSM.

***Methods***

We generated a questionnaire for trainees to complete which asked basic demographic details and questions on how and if COVID-19 had impacted on their UGVS ATSM and progression of their training. There was a space for free text comments.

This was circulated via British Society of Urogynaecology (BSUG) to the UGVS ATSM preceptors nationally for distribution to their trainees, to the BSUG associate members (trainees) and shared on Urogynaecology trainee social media groups in April 2021.

***Results***

24 trainees completed the questionnaire. 21% were ST6, 50% ST7, 4% post CCT and 25% in a non-training grade. These individuals had registered for the ATSM between February 2016 and June 2020.

Every region of the country was represented (eg. South west, south east, Wales, Scotland etc.). 67% of respondents were working full time with 33% less than full time. 3 trainees (13%) were registered for the optional laparoscopic module.

83% (20 people) felt that their training had been negatively affected by COVID-19. Changes in operating lists affecting training were reported by 88% of trainees, with 76% reporting changes in Urodynamics (table 1). Other factors affecting training include changes to outpatient clinics, fewer opportunities for teaching and courses and access to educational supervision (table 1).

29% of individuals had to spend time at home when they would have normally been at work and this time varied from 2 days to 3 months. The average number of hours worked increased for 21% of people and decreased for 8%.

75% of trainees anticipate that COVID will affect their training progression or delay their CCT date. A quarter of respondents had already received a COVID outcome (10.1 or 10.2) at their last ARCP, and 83% of these felt that this was due to difficulties with completing UGVS ATSM. 38% (9) stated they require an extension to training and 25% (6) anticipate an extension. Of those people requiring or anticipating an extension to training, this varies from 3 months to ‘at least a year’ with 5 (33%) people expecting 12 months or more extension.

3 (13%) trainees had to change to an alternative ATSM as completing the UGVS was not achievable in the required timespan.

Free text comments from the trainees highlighted the importance of operating to progress with the ATSM and the non-urgent nature of Urogynaecology surgery leading to cancellation of cases. Some procedures, such as Sacrospinous fixation, required travel to other units to complete which again had been hindered by COVID. (see fig 1).

***Conclusions***

The COVID-19 pandemic has had a profound negative effect on those individuals registered for the UGVS ATSM. This is predominantly due to reductions in operating lists and access to cases and procedures.

The majority either have, or anticipate that they will, require an extension to training.

It has highlighted that the difficulties within the specialty with access to theatres, and cancellations which are exacerbated at times of clinical pressure due to the nature of Urogynaecology being non-urgent.

It is important to address these problems as significant delays in training may affect trainee completion dates, work-force planning, including recruitment into urogynaecology.

*Table 1.*

Training has been affected by changes in:

|  |  |
| --- | --- |
| 88% | Operating lists |
| 76% | Urodynamics |
| 66% | Outpatient clinics |
| 58% | Teaching sessions/courses |
| 50% | Inpatient care |
| 38% | Rota changes |
| 17% | Access to Educational supervisor |
| 4% | Change in staffing levels |

Figure 1.

Word cloud generated from free text answers

