**RCOG Subspecialty Programme Supervisors Survey:**

**Impact of Coronavirus on training (Feb 2021)**

**Introduction:**

The Covid pandemic has had a significant impact on delivery of patient care and elective clinical work in the NHS. Most elective services (outpatients, diagnostics and surgery) were paused during the first national lockdown in March 2020. Though some services resumed elective activity in autumn 2020, many services have not got back to their pre-pandemic levels, and others have paused again. Specialities dealing with benign conditions such as Urogynaecology have been even more affected, unlike cancer services, as these benign conditions were deemed to not be urgent. This has resulted in a huge impact not only on the patients who are waiting for their treatment, but also on trainees and their training. Naturally there is growing anxiety amongst trainees about the impact on their training. Hence the BSUG team wanted to assess this impact to inform the RCOG Sub-specialty Training Committee and plan for the future needs of our trainees.

**Aim of the survey:**

The aim of this survey was to get direct feedback from the Urogynaecology Subspecialty Training Programme Supervisors (SSPS) about their views of the impact of Covid pandemic has had on their trainees. The questionnaire was emailed to each SSPS, with a trainee in post during COVID pandemic (March 2020-present,) and the answers were collated. This report presents the results of this survey.

The questionnaires were sent to the 11 SSPS with current active SST programmes

**Results:**

The response rate was 100%: there are currently 11 trainees in posts and we received 11replies.

Ten (91%) of the 11 said that the delivery of their training programme had been affected by the coronavirus pandemic. Only one (9%) SSPS felt that the covid pandemic had not had any impact on delivery of the training in their unit.

Below are the answers to the survey questions demonstrating the impact COVID has had on training:

Out-patient Services:

1. Since March 2020 have your out-patient services:

Frequency of clinics:

       Stopped completely 1 9%

       Stopped but now restarted at reduced capacity 2 18%

       Stopped but now restarted at normal capacity 4 36%

       Continued but at a reduced capacity 3 28%

       Continued as normal 1 9%

2. What Type of clinics are you currently running?

       Normal face-face clinics 2 18%

       Hybrid clinics: virtual (telephone/video) and face-face 7 64%

       Virtual Clinics (telephone/video) only 2 18%

3. Has any change in delivery of out-patient work impacted on delivery of Urogynaecology training in your unit?

       No 0 0%

       A little  2 18%

       Moderately 5 46%

       Significantly 4 36%

Surgical Activity:

4. Since March 2020 have your operating lists:

       Stopped completely 0 0%

       Stopped but now restarted at reduced capacity 3 28%

       Stopped but now restarted at normal capacity 0 0%

       Stopped & restarted, but now stopped again 7 64%

       Continued but at a reduced capacity 1 9%

       Continued as normal 0 0%

5. Overall since March 2020 has your units Urogynaecology surgical activity been reduced:

       Stopped completely 0 0%

       Minimal activity (<10% normal activity) 3 28%

       Severely reduced (10-50% normal activity) 3 28%

       Moderately reduced (over 50% normal activity) 5 46%

       Not affected 0 0%

 Consultant Re-deployment:

6. Have you, or your colleagues, been redeployed to perform duties outside your normal job-plan due to Covid Pandemic.

Yes – 7 64%

No – 4 36%

Notes: Caesarean Section lists, on call cover

Normalisation of Services:

7. Is there any current timescale within your unit as to when services will return to a more normal activity?

Yes – 3 28%

No – 8 72%

Trainee Progression:

8. Do you feel your trainee is likely to need an extension to training?

Yes – 8 73%

No – 2 18%

Likely – 1 9%

9. If ‘yes’, is this due to:

       the lack of surgical cases  2 / 8 25%

       change to out patient services 0 0%

       Both 5/8 62.5%

* Shielding 1 /8 12.5%

10. If yes, if services were to (unexpectedly) go back to normal tomorrow how much extension time would you envisage they would need:

       Upto 6 months - 8/8 100%

Comments made by SSPS:

* Our trainee has been in post since February, so only really got 1 month of normal operating during their first year of training!  Can’t compress 2 years of surgical training into 1, especially with reduced services
* We are managing outpatient workload that remains doable in current timescales. But to have minimal operating for almost a year is not recoverable, and even if things went back to normal tomorrow, I would expect 6-months extra time (targeted) required currently, however this will increase if services continue to be suspended for longer
* Severely reduced surgical activity as the Trusts and RCOG do not see urogyn patients as generally coming to harm despite the long wait. Hence urogyn surgery is at the bottom of the priority list for the trust. The RCOG should be raising this issue to highlight the genuine harm that urogyn patients are coming to due to delayed surgery for their conditions
* definitely extension to training: both but predominantly due to lack of surgical cases
* Sadly, Urogynae has been the most severely affected subspecialty. We need to focus on clinical activity and support our trainees with their portfolios as much as we can as a group.
* we are reappointing for a trainee to start in April so hopefully we will be back to normal by then
* XXXXX is my Xth subspecialty trainee and in line with their predecessors I had expected their training to be complete by mid 2021.   However, following the first wave of the pandemic we had agreed that they would need to continue until at least the end of 2021.   However, a further extension is likely to be necessary now that we have once again severely reduced all of our activities.
* They are currently undertaking their laparoscopic urogynaecology module and all their surgical activity has once again been curtailed.   Therefore, there is considerable uncertainty regarding the extra time which it will take for XXXXX to be signed off as competent in laparoscopic urogynaecology.
* Whilst our out-patient activities including clinics, urodynamics and ambulatory procedures have also been severely curtailed, the impact will not be as great on XXXX training as they have a good grounding in outpatient work already.  I can supply further details if necessary.
* If trainee hadn’t been shielding, they would have had no operating since March - all consultant complex cases and hardly any UG lists, until stopped again in December. Could have assisted and done a handful of CBDs.
* Clinics almost back to normal since September.
* Disruption in training due to COVID rather than outpatient delivery Trainee shielding therefore not seeing ANY face to face patients since March.
* Although the surgical output has been affected at XXX (certainly more than the outpatient activity, including urodynamics and ambulatory services), luckily my current trainee only needed an extension from last October to March 2021; and they were still able to do enough operating and given that they had relatively few competences and WBA still to be signed before this, they were able to complete their curriculum satisfactorily. The next trainee (yet to be appointed) will likely be affected but it remains to be seen how much.
* Wellbeing of all trainees – stress of pandemic added to stress of senior training job in new unit, change in duties & expectations
* Impact on other areas such as urogynae nursing, physio, elective surgery & OP activity in Urology & Colorectal Urodynamics severely curtailed; reduced patients & reduced clinics
* Visiting other units in UK / overseas, which was previously encouraged, now near impossible. Further shift away from open & laparoscopic incontinence surgery, with fewer training opportunities
* Limitation may be getting appropriate time with colorectal and Urology.
* We did not have a trainee in post until November so the impact was reduced.
* I don’t think this trainee will require an extension, but this is more a reflection of them rather than the situation. They were already close to surgical competency for Lap SCP and Lap Colpo prior to arrival.
* We have been relatively lucky. Our unit has been displaced and there was major disruption. We have re-established most aspects of the service in an interim fashion. The programme has 4 theatre lists and these have broadly continued they has been doing weekly video UDA. The only services we have not been able to restart are ambulatory Urodynamics and in patient xxxxxxx.

**Discussion:**

Only one out of the current 11 active Urogynaecology Subspecialty Training programmes has not been affected by the covid pandemic.

Although there is some variation in the severity, all other 10 programmes mention reduced surgical activity as the main issue impacting training.

Two out of the 10 affected units did not feel their trainee would need an extension to their training; however this was only due to the stage at which their trainees were i.e coming towards completion and hence would be able to complete all competencies.

 Majority of the units (8 i.e 72%) did not have a timescale to return to normal pre pandemic activity as yet.

The trainee in one unit has been shielding, and hence not directly affected by the pandemic. However if the trainee was not shielding then that trainee would have also been affected due to reduced outpatient and surgical activity.

All the 8 units who felt their trainee would need an extension were uniform in stating that they expect their trainee to need a 6 month extension at this stage.

**Conclusion:**

This survey will help inform the RCOG, trainers, trainees and deaneries about the impact of the pandemic on Subspecialty training in Urogynaecology.

Majority of the trainees are likely to need an extension to their training and this will have an impact on workforce planning and future training opportunities for new trainees.

The Subspecialty Training programme assessors and deaneries should be made aware about the results of this survey so that they take this in to account at the time of assessments.