The impact of SARS-CoV-2 on surgical education – challenges and potential solutions

Editor

The global spread of SARS-CoV-2 has resulted in significant changes in the delivery of patient care across medical and surgical specialties, with a profound impact on clinical training[1,2]. For surgical trainees, this includes disruptions to operative experience, examinations and job applications.

Due to the spread of SARS-CoV-2, surgical trainees are likely to see the number of in-theatre educational opportunities limited. In preparation for a surge in the number of cases, there has been nationwide re-deployment into other frontline specialties. Numerous guidelines have been issued to address the potential risks of performing procedures in patients in whom SARS-CoV-2 is suspected or confirmed, based on limited and often anecdotal evidence[3]. Additionally, the delivery of written and clinical components of the Membership and Fellowship examinations poses a significant issue. Clinical assessments in particular, require close contact between the assessor, candidate and patient to fully simulate a real-life encounter. As many of these patients have underlying chronic diseases, it may not be feasible to use them as part of the assessment process due to risk of viral exposure and transmission. Furthermore, the restrictions imposed by SARS-CoV-2 have affected job applications. In the United Kingdom, the national recruitment process for surgical specialties was amended so that applicants were ranked solely on self-appraisal scores. Fellowships have been cancelled or postponed indefinitely until disruptions to international travel from border restrictions are lifted.

Nevertheless, the new status quo raises important learning points, which will enable us to overcome the challenges faced. The re-deployment of surgical trainees into different specialties provides new learning opportunities to broaden clinical knowledge, practical and non-technical skills. To fully support this, considerations towards expanding the scope for accepted surgical logbook procedures and increasing the flexibility of Annual Review of Competence Progression requirements should be made. Both Membership and Fellowship examinations should recommence when the safety of assessors, candidates and patients can be ensured. Conducting written assessments remotely has the potential to increase testing capacity and reduce the backlog arising from examination cancellations. Additionally, the incorporation of tele- or virtual medicine for history-taking along with simulation for procedures and clinical examinations may be a solution for the delivery of clinical assessments, whilst ensuring patient safety[4]. Similarly, virtual job interviews have been proposed as an alternative, with good engagement between interviewers and applicants at a local level. However, the feasibility for use as part of the national recruitment process is unclear.

As the pandemic subsides, the aftermath will pose new and evolving challenges[5]. Yet, the capacity of the medical profession to develop and adapt should not be underestimated. The future of surgical training is likely to change as we settle into a new normal. Thus, we are provided with the opportunity for multilevel engagement to create an improved model. This may not be the last pandemic we face, but we must be better prepared for whatever lies ahead.

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