industries were studied, including systems installed to mitigate skill fade during COVID-19.

Results: An average deployment for a military surgeon will be three months, but pre-deployment training can make this six. The AMRC states an absence over three months affects medical knowledge. Skill fade occurs more rapidly than knowledge, but research remains limited for how long a well-practiced skill is retained. The aviation industry clearly stipulates a pilot's currency, and simulator training is provided following absence. US surgical simulator training proved effective in maintaining skills during the pandemic. Health Education England and Royal College of Surgeons Edinburgh provides return programs for trainees but not consultants.

Conclusions: Careful consideration should be given before extending surgical deployments. Surgical simulation could be used while deployed to maintain currency. Return-to-work programs should be available to consultants. Further research should be done on currency and prevention of skill fade.

1060 Surgical Currency - the Link Between Skill Fade and Safe Practice

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Aim: Surgical currency refers to the operating time required per year before a surgeon's skill fade could negatively affect patient outcomes. Increased surgical experience and volume of operating hours directly improves patient outcomes. There is no clear guidance from the NHS or Defence Medical Services on amount of experience needed to maintain current. This paper highlights the importance of surgical currency, investigates if skill fade occurs faster than knowledge, and looks to ensure surgeons are not deployed beyond the point of currency. It explores methods to prevent skill fade and reintegrate surgeons following absence.

Method: A thorough literature search was performed. Currency protocols across Royal Colleges, healthcare systems and other