

Resources for transplant trainees during COVID-19

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In addition to the general disruption to society, COVID-19 has impacted on transplant activity and consequently, training for the foreseeable future. The Royal College of Surgeons have highlighted the potential negative effect of COVID19 on surgical training and the need to support the next generation of surgeons. The Herrick Society is the association for transplant surgery trainees and here we describe the current 'state of play' for UK transplant trainees and also include suggestions from current trainees to maximise opportunities in these uncertain times.

Covid-19 and transplant surgery training – the current position

This is our impression of the guidance and discussions, with links to the original documentation when appropriate. It must be emphasised that many of these positions have been imposed from the Department of Health, Health Education England and the JCST, despite resistance from the Herrick Society, ASiT, the Royal Colleges and individual units. We will continue to represent your views, so please contact the Herrick Society if you feel there is something that we need to raise or counteract (@herricksociety on twitter or e-mail secretary@herricksociety.org.uk). Ultimately, this is a fast-moving situation and we will try to keep you updated.

There is recognition that COVID-19 is an unprecedented health emergency and has completely disrupted the normal functioning of the NHS, including training. Faced with two broad options of 'halting' training for all and picking up later on, or 'pushing on' and managing training shortfalls later, the decision has been made to 'push on'. It is in this context that the following decisions have been made.

○ **Recruitment to ST3**

Recruitment will continue this year to fill ST3 training posts as before (not just LATs) but selection will be based upon self-assessment instead of the usual face-to-face interviews. Next year's plans and person specifications are still under discussion; in particular what will be the requirement for MRCS (see below under 'exams').

<https://www.jcst.org/jcst-news/2020/04/17/news-item/> - JCST statement 17th April

<https://www.jcst.org/jcst-news/2020/04/01/news/> - JCST statement 1st April

<https://specialtytraining.hee.nhs.uk/Portals/1/COVID-19%20Statement%20for%20applicants%20recruitment%20update.pdf>

- **ARCP progression**

'In these circumstances, it is the desire of the SEBs that, where possible, progression through clinical training should continue without detriment to the trainee'

The key change for ARCPs, apart from a general sense of flexibility about mandatory courses and some training opportunities, will be the introduction of two new 'no fault' outcomes: 10.1 and 10.2.

10.1 can be used either when the trainee is not at a critical progression point, and so continues with their training, or a review at the next ARCP to determine whether more time is required. It may also be used at a critical progression point where the 'relevant medical college' has amended the curriculum and allowed that the competency can be acquired at the next stage of training.

10.2 can be used when the trainee is at a critical progression point and there has been no amendment to the curriculum – i.e. the mandatory competency remains in place for progression and additional time is therefore required.

https://www.copmed.org.uk/images/docs/ARCP_Decision_Aid/ARCP_Decision_Aid.pdf

- **OOPE**

In general there have been lots of positive noises from funding bodies (NIHR/Wellcome/MRC) about continuing with research programmes once things return to a more normal footing. The following is a statement from the JCST:

'We would expect trainees in these circumstances to discuss any changes to their situation with their Training Programme Directors and Educational Supervisors. All concerned are working to ensure that there is no detriment to trainees returning from OOP.'

<https://www.jcst.org/jcst-news/2020/03/19/covid-19/>

- **Exams**

These are currently postponed until further notice.

MRCS – JCST have stated that run-through trainees will be allowed to progress, providing MRCS is complete before ST4. (<https://www.jcst.org/jcst-news/2020/03/19/covid-19/>). For non-run through it is more complex and currently under discussion. It seems that there is support to continue to make it mandatory for ST3 progression but there are ongoing negotiations.

FRCS – JCST states that training should be extended if the exam has not been passed (and recorded as ARCP outcome 10.2). Problems with potential backlogs have been raised with the Royal Colleges, although there has been no response yet. <https://www.jcst.org/jcst-news/2020/04/01/news/>

- **CCT**

Those trainees who are post FRCS with the relevant competencies will be expected to receive an outcome 6. There can be some flexibility about mandatory courses, provided the candidate is deemed to be competent overall <https://www.jcst.org/jcst-news/2020/03/19/covid-19/>. In general there will not be an opportunity to delay on request.

General COVID update resources

- The surgical colleges are providing regular updates to its members; RCSEd through daily website updates, RCPSG provide daily media updates by email and Whatsapp COVID19 group and RCSEng publish daily updates on their website via their Coronavirus Information Hub with guideline resources, surveys and links to research projects that trainees can get involved in. All have webinars available to watch for free. RCSI also have resources available for trainees on their website through their COVID-19 hub.
- BMA members can access further information on covid-19 with BMJ's free resources including the latest peer reviewed research, news and opinion from The BMJ and BMJ's 70 + specialist journals. It also provides online CPD from BMJ Learning.
- BBC More or Less Podcast; focusing on analysis of the figures and statistics quoted in the media.

Revision for Critical Care redeployment

- The Royal College of Anaesthetists and Faculty of Intensive Care Medicine have resources on their website about reskilling and cross-skill training for levels of competence
<https://icmanaesthesiacovid-19.org/cross-skill-training-for-pandemic-covid-19>
- Future Learn course: COVID-19 Critical Care Understanding and Application. This is a free resource written by University of Edinburgh Critical Care Team and aims to provide revision for medics with regularly updated videos, articles and guidelines.

FRCS revision

Although FRCS exams have been postponed, here are a few helpful resources for transplant revision.

- ESOT.org provides a range of resources including e-books and their webinar platform Transplant Live, which features many transplant experts giving lectures on a wide range of topics. Users must register and the cost varies depending on membership.
- Behind the Knife is an American podcast series with specific episodes on transplant, which are relevant to UK trainees too.
- The very popular Oxford Higher Specialty Training book (SBAs and EMIs for the General Surgery FRCS) and "green book" (FRCS General Surgery Section 1: 500 SBAs and EMIs,) MCQ books also have specific sections on transplant.

Transplant specific updates

- BTS produce weekly update emails with links to useful BTS/NHSBT documents including the NHSBT weekly COVID19 bulletin
- NHSBT/BTS Webinars, which are free to participate in via Zoom although require registration.
- The ESOT webinars is now available online at ESOT.org.
- Letters to Editor on COVID19 and transplantation in NEJM discussing US population from 24.4.20 (www.nejm.org/doi/full/10.1056/NEJMc2011117?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed) and in Italian population in AJT (onlinelibrary.wiley.com/doi/full/10.1111/ajt.15891)

- Two Lancet articles from Italy about their experiences of kidney transplantation 16.4.20 (www.ncbi.nlm.nih.gov/pmc/articles/PMC7162620/) and liver transplantation (www.ncbi.nlm.nih.gov/pmc/articles/PMC7146678/)

Maintaining clinical skills

- Simulation

Most hospital education centres and colleges should have access to laparoscopic trainers for trainees to borrow.

Many units have a stock of expired sutures and single use equipment, which can be used for in-house practice sessions or taken home. It is worth approaching trainers to see if any recommended techniques can be modified for simulation practice either as a formal teaching session in house or at home.

CBD and CEX can still be logged to reflect different activity during COVID-19.

- Retrieval techniques

The online resources from the NORS master class are available outwith the training course at 'Multi-Organ Donor Procurement Surgery' (via <https://www.mod-surgery.org/website/>) for 40Euro. Contact Education@transplantatiestichting.nl for access.

Research opportunities

It is appreciated that many research projects are on-hold and many studies have paused recruitment. However, there are other COVID-19 projects, in which trainees can get involved.

- A range of CovidSurg collaborative projects can be found at <https://globalsurg.org/covidsurg/> or through twitter @CovidSurg
- ASIT are also launching a collaborative project COVIDSTAR to look at surgical training during COVID-19.

Mental health/well being support

- Maintaining staff morale and well being is of especial importance during COVID 19 because uncertainty often leads to high levels of stress and anxiety. While many of us use our usual coping activities, lockdown has reduced opportunities for exercise and socialising. In response, many hospitals have created break-out spaces with food and drink including the First Class lounge facilities run by airline crew through Project Wingman.
- The BMA has a range of resources on its website for members and non-members including confidential counselling, peer support and their 10 tips document www.bma.org.uk/media/2217/bma-wellbeing-covid-19-poster.pdf
- The Vibe Clinic is also an online space where people with a shareable skill stream 30-min sessions for NHS staff & other key workers. Sessions can include music, fitness, yoga or meditation to entertain other members of staff. These are Live Streamed on Facebook at set times throughout the week, so that those working in healthcare and key roles can check in on their lunchtime or at home after a shift https://www.facebook.com/vibeclinic2020/?view_public_for=100296761632659.

Hope this helps. Please let us know any other helpful resources and we will update.