LETTER TO THE EDITOR

The impact of the COVID-19 pandemic on gastroenterology trainees in Australia

To the Editor,

We read with interest the review article by Lui et al. on the coronavirus disease 2019 (COVID-19) global pandemic and its impact on our speciality particularly in relation to endoscopy. COVID-19 has necessitated fundamental changes to the way endoscopy is conducted. To reduce the risk of infection to patients and healthcare workers, and to prioritize the use of personal protective equipment (PPE), outpatient attendances and elective surgical and endoscopic procedures have been significantly restricted. Little is yet known about the secondary impacts of COVID-19 on the training and well-being of gastroenterology trainees. Lui et al. acknowledge the well-being of healthcare professionals (including psychological distress, fatigue, and burnout) as an important issue during COVID-19. In addition, we wish to highlight trainee concerns relating to reduced endoscopy training as another negative effect of COVID-19, which may impact their psychological health and quality of training. We present the results of our recent survey of Australian gastroenterology advanced trainees (ATs).

In Australia as of May 23, 2020, there have been 7095 COVID-19 cases and 101 related deaths. Although Australia has been highly successful in “flattening” the curve, public health measures implemented to control COVID-19 have come at significant cost to the economy, healthcare systems, and the daily lives of citizens.

Gastroenterology training in Australia is a standardized 3-year program with at least 2 years of core training. An anonymous online survey of Australian gastroenterology ATs was conducted during the peak of the local epidemic to assess the impacts of COVID-19. Between April 15 and 29, 2020, Australian gastroenterology ATs were contacted via email and invited to participate. Eighty-three ATs (of 149 nationally; 56%) took part with representation across all states and years of training (Table 1).

The majority (66/83, 79.5%) of ATs reported concern regarding the impact of COVID-19 on training with limited access to endoscopy training being the greatest concern (72/83, 87%). A higher proportion of first-year trainees were concerned compared to more senior trainees (24/26 vs 42/57, P = 0.05). The majority of ATs (57/83, 69%) reported that endoscopy services had reduced by more than 75% at their institution due to COVID-19 restrictions on elective endoscopy, only performing a median of two gastroscopies and one colonoscopy per week (Fig. 1). Twenty-five ATs (30%) were prohibited from performing emergency endoscopy due to safety concerns. This is in line with guidelines from several international societies, which recommend emergency procedures be performed by the most senior available person to limit the number of staff exposed and PPE used.

Almost all ATs (82/83, 99%) were involved in telehealth consultations, and most reported positive or neutral experiences with this service (65/82, 79%). The majority expressed concern that they

Table 1 Survey responses from Australian gastroenterology advanced trainees

| Survey responses from Australian gastroenterology advanced trainees |
|---------------------------------------------------------------|
| N = 83 (%)                                                     |
| Year of training                                              |
| 1st                                                          | 26 (31) |
| 2nd                                                          | 37 (47) |
| 3rd                                                          | 20 (24) |
| State                                                        |
| New South Wales                                              | 34 (41) |
| Victoria                                                     | 22 (27) |
| Queensland                                                   | 13 (16) |
| South Australia                                              | 8 (10)  |
| Western Australia                                            | 3 (4)   |
| Tasmania                                                     | 2 (2)   |
| Australian Capital Territory                                  | 1 (1)   |
| Attitude to impact of COVID-19 on training                   |
| Not at all concerned                                         | 0       |
| Not very concerned                                           | 9 (11)  |
| Neutral                                                      | 8 (10)  |
| Concerned                                                    | 48 (58) |
| Very concerned                                               | 18 (22) |
| Greatest area of COVID-19 impact                             |
| Endoscopy                                                    | 72 (87) |
| Clinic experience                                            | 4 (5)   |
| On-call experience                                           | 1 (1)   |
| Career progression                                           | 2 (2)   |
| No impact                                                    | 4 (5)   |
| Median number of gastroscopies per week (IQR)                | 2 (0–4) |
| Median number of colonoscopies per week (IQR)                | 1 (0–3.5)|
| Satisfaction with telehealth                                 |
| Very unsatisfied/unsatisfied                                 | 17 (20) |
| Neutral                                                      | 34 (41) |
| Satisfied/very satisfied                                     | 31 (37) |
| Not doing                                                    | 1 (1)   |
| Anticipated readiness for independent practice at completion of training |
| Yes                                                          | 32 (39) |
| No                                                           | 24 (29) |
| Not sure                                                     | 27 (33) |
| Preferred solution                                           |
| Additional endoscopy training                                | 37 (45) |
| Extended duration of training                                | 30 (36) |
| No changes required                                          | 15 (18) |
| Other                                                        | 1 (1)   |
| RACP decision to allow progression into advanced training without passing clinical examination |
| No concerns                                                  | 2 (2)   |

(Continues)
We would like to formally acknowledge the Australian gastroenterology advanced trainees who took part in this survey.

**Declaration of conflict of interest**

David S Prince, Ken Liu, Gokulan Pavendranathan, Simone I Strasser, Steven Bollipo, and Ria Kanazaki have no conflicts of interest or relevant financial disclosures to declare.

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**Acknowledgments**

COVID-19, coronavirus disease 2019; IQR, interquartile range; RACP, Royal Australian College of Physicians.

Table 1 (Continued)

| Impact of RACP decision on quality of advanced training | N = 83 (%) |
|--------------------------------------------------------|-----------|
| Do not agree                                           | 51 (61)   |
| Concerns but the best option available                 | 30 (36)   |
| Impact of RACP decision on work as a gastroenterology AT | © 2020 Journal of Gastroenterology and Hepatology Foundation and John Wiley & Sons Australia, Ltd

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