Position Statement

Guidance for Endoscopy Training in New Zealand and Australia in the peri-COVID-19 era.

Executive Summary

- COVID-19 has changed the risk profile of endoscopy practice in New Zealand and Australia, resulting in cessation of endoscopy training under current conditions
- Endoscopy training must resume as soon as practical in order to provide future workforce for the New Zealand and Australian health systems
- Resumption of endoscopy training in New Zealand and Australia must be predicated on access to appropriate levels of Personal Protective Equipment (PPE) for all clinicians involved in a procedure
- A graded risk model with mitigation strategies is proposed to allow resumption of training at lower levels of risk
- Endoscopy User Groups (EUG) and/or the Boards in General Surgery (BiGS) in Australia and New Zealand should be involved in decisions about provision of training based on local conditions at each District Health Board (DHB) alert level in New Zealand or as advised by Local Hospital Network (LHN) in Australia, especially as it relates to availability of PPE
- No strategy will completely eliminate risk from hospital practice in the current environment

1. Background

The COVID-19 pandemic has led to a reduction in volumes of endoscopy, as both upper and lower GI endoscopy carry potential risk of viral transmission. This potential increases the risk to both patients and staff from the procedure. During the level 4 lockdown in New Zealand and following the Australian Government's directive to cease non-urgent/elective procedures, in order to reduce risk and preserve PPE endoscopy training in New Zealand and Australia has ceased until the progress of the pandemic became apparent.

Training future endoscopists remains important for the health system and workforce going forward. It is not yet possible to know when, or if the health system will return to a normal state. Endoscopists in New Zealand and Australia have developed the following strategy to balance the potential risks with the need to continue training future endoscopists.

2. Endoscopy Training – A Graded Risk Model

This guidance outlines a model of graded risk, with mitigation strategies that minimise risk while allowing training to proceed where appropriate. Once the lockdown level is reduced to level 3 or lower in New Zealand or when Australian Government directive allows for the resumption of some elective procedures, training should be reintroduced according to local DHB or LHN risk level.

This approach is based on the following principles:

2.1. As a hospital moves through or between the alert levels, the local EUG provides recommendations before any training is recommenced to ensure resources (including PPE) are appropriate.

2.2 Appropriate PPE is used for all cases

2.3. As use of PPE potentially makes each case take longer, we suggest that consideration be given to starting dedicated training lists again at less than the customary allocation of training cases.

2.4. Trainees do not participate in endoscopy for suspected or proven COVID-19 patients

2.5. Trainees may self-identify as vulnerable workers and opt-out of endoscopy as per Occupational Health protocols

Table 1 outlines the gradings under this model.

GREEN	No COVID-19 cases in hospital, no COVID-19 cases in DHB catchment or LHN	Training proceeds as normal as long as resources allow.
YELLOW	One or more COVID-19 cases in hospital, some COVID-19 cases quarantined in DHB catchment or LHN	Consider allowing dedicated, reduced point, trainee-orientated training lists as capacity permits. Ad-hoc training for senior trainees, with patients appropriate to the trainee's skills level and training plan may be able to continue.
ORANGE	One or more COVID-19 cases in hospital, community transmission/multiple clusters in DHB catchment or LHN	No formal, dedicated training lists. Ad-hoc training for senior trainees, with patients appropriate to the trainee's skills level and training plan may be able to continue.
RED	One or more COVID-19 cases in hospital, community transmission/widespread outbreaks in DHB catchment or LHN	Training to cease, unless presence of the trainee is clinically necessary to aid the procedure

Conclusion

This strategy as outlined for New Zealand and Australia allows for reintroduction of endoscopy training with sufficient flexibility to ensure it is responsive to the risks posed within this dynamic and evolving situation.

It is impossible to make endoscopy training a no-risk activity in the current environment. Due to the rapid evolution of the COVID-19 epidemic and potential future advances (e.g. vaccines), these recommendations should be reviewed and updated as circumstances change.

During these extraordinary times, changes can have unintended consequences. We will review evidence as it comes to hand, and any recommendations made will be fully reviewed. Discussion and dialogue are welcome.

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