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Title:
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Date:
2017-12-01

Citation:
Watters, D. A. & Richardson, M. (2017). Let’s make the most of the underutilized capacity of the private hospital system for educating our future surgical workforce. ANZ Journal of Surgery, 87 (12), pp.962-963. https://doi.org/10.1111/ans.14178.

Persistent Link:
https://hdl.handle.net/11343/293968

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1

Let's make the most of the underutilized capacity of the private hospital system for educating our future surgical workforce

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Over 40,000 appendicectomies are done in Australia each year. There is considerable variation from region to region and we are uncertain whether this variation is related to the condition and its incidence or to clinical decision making as to when to perform appendicectomy. Around 20% appendiectomies are normal on pathology, a much higher figure than the US where CT scanning is more liberally used. The choosing wisely campaign in Australia has counselled that if imaging is required then an ultrasound should be considered first at least in children and young adults, despite ultrasound being somewhat user dependent. Performing an appendicectomy requires much more than technical expertise but also, at a minimum, competency in decision making, communication and teamwork.

Over 80% of emergency procedures such as appendicectomy are performed in the public sector. The paper on private sector acquisition of technical expertise in appendicectomy shows this is possible in the private sector but that there is still a long way to go. The paper also alludes to a reluctance by many private surgeons to let the trainee do the whole procedure making training in the private sector more suitable for the novice trainee. This makes training in the private sector a little limited were this to be the only model available.

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This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/ans.14178

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Over 60% of elective surgery is done in the private sector and it is perhaps elective surgery that offers different opportunities and might take advantage for training purposes with the case mix of the private sector. For example, laparoscopic cholecystectomies are done each year with the majority of elective cases in the private sector. Another example providing relevant experience for the intermediate or becoming competent trainee is at the Epworth hospital, Melbourne involving more advanced orthopaedic registrars (SET 4/5). The ability to perform, under supervision, more major cases helps move the senior registrar from competency to proficiency and has made this one of the prized jobs in the Victorian/Tasmanian orthopaedic program. Appropriately chosen lists with experienced consultants who have consistent teams consisting of the same anaesthetist, scrub teams and theatre staff allow the trainee to slot into the role of learner without the public hospital distractions of calls from emergency departments, ward staff, and junior residents. There is no evidence that patient care is at all compromised, in fact consultants will often take extra time to explain to the registrar aspects of the case deepening both the registrar and patient's understanding across the competency framework and improving their care.

The presence of the surgical educator scrubbed for the whole case allows formative feedback and supports the deliberate practice and learning from both major and minor cases. This contrasts to the frequent unsupervised training in the public hospital system. Delegation may mean the consultant is either in the tearoom or possibly not even in the hospital at all, leaving the registrar who is reasonably so delegated to learn from being given a certain independence, albeit [in hospitals providing safe and quality care] with backup promptly available.

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Other Advantages for the more senior registrar include the ability to concentrate on examination preparation. Private hospitals by their nature tend to be efficient, allowing registrars to see plenty of cases, even though safe working hour restrictions impact more and more on training and dilute the clinical experience and exposure. Our private hospital performs more than 2000 joint arthroplasties a year and has more than 70 orthopaedic surgeons which allows the registrar opportunities to hand pick some lists with cases they may have failed to see previously during their public hospital training filling in the gaps in their logbooks.

Specialist interest group radiology and conferences to discuss difficult cases allow exposure to enhance exam preparation. Time spent shadowing the consultant in their private clinics helps to prepare the registrar for consultant practice. As most qualified surgeons will spend at least half their time in private practice and the sustainability of healthcare depends on a dual system [public and private] exposure to the private sector is likely to produce greater work readiness for transition to practice.

There are also great benefits for the private hospital involved in teaching and training. The University of Melbourne has created a stand-alone clinical school within the private sector in which surgical registrars on a private hospital rotation are involved with the medical student teaching. There is a clinical dean and professors of surgery, medicine, nursing, rehabilitation, perhaps with other fields soon to be added. The private sector is suitable not only for teaching but also for research. Clinical governance and continuous quality improvement including surgical audits can be as good or better than those in the public system. The last piece of this puzzle is the development of internship programs to help with the growing problem in the public system of having inadequate jobs for graduating medical students to

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comply with training for Australian Health Partitioners Regulation Agency (AHPRA) registration. Accredited registrar supervision is an essential requirement to make private hospital intern training feasible.

Many studies have shown that the well supervised [as opposed to abandoned] trainee can operate with the same outcomes as if the procedure were done by the supervisor. The operation takes only slightly longer even in cardiothoracic surgery. Teaching hospitals have generally been shown to have better outcomes than non-teaching hospitals. Thus, training in the private sector is a win win for providers, patients, payers, and practitioners. The onus is on these ensure the learning experience is optimal for the trainee. This is not always the case but the paper by Cullinan et al shows what is possible and what can be done to improve the experience.[1]

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