

## The private hospital: a potential surgical training ground

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**TO THE EDITOR:** Training of adequate numbers of surgeons and other medical specialists has, until recently, been a sleeper issue.<sup>1-3</sup> Trainees are intimately involved in public hospital patient care, but it is generally assumed that private patients are off limits for training. To our knowledge, the perceptions of patients in a private hospital setting have not been formally explored before. We present the results of a survey of attitudes of private hospital patients towards trainee involvement in their care.

At a major private hospital in Melbourne, 82 consecutive inpatients undergoing elective general surgery over a 6-week period in 2005 were invited by us to respond to a survey (given prior to surgery and collected prior to discharge). Ethics approval was obtained.

Sixty-eight survey forms (83%) were returned by the 82 patients. The median age of respondents was 56 years (range, 18–78 years), and 35 (51%) were men.

The most important reasons given for having private health insurance were choice of surgeon (68% of respondents), quality of medical facilities (28%) and shorter waiting-list time (4%). Availability of trainees in the hospital to (a) communicate with the surgeon, (b) manage emergencies, and (c) perform minor procedures were all ranked as very to highly important, as was the ongoing education of trainees.

When asked how comfortable they felt with trainees being involved in their care, 88% of patients said they supported having a trainee assist the consultant surgeon with surgery. Providing the trainee was under

direct supervision of the surgeon, patients supported allowing a trainee to perform part of the surgery (75% of respondents), most of the surgery (50%), or the entire operation (41%).

No significant differences in attitudes attributable to patients' age or sex were found (Mann–Whitney *U* test).

Within the limits of our small survey structure and incomplete response rate, our results show that most patients support the concept of having a trainee involved in ward care. There was polarised opinion on how much of the operation could be performed by the trainee, and this may vary for different subspecialties.

Currently, junior medical staff work in many private hospitals, gaining valuable experience in perioperative care and exposure to a range of surgery. These jobs would be ideal for junior Royal Australasian College of Surgeons (RACS) trainees at Surgical Education and Training Level 1 or 2. However, individual surgeons may be concerned about the potential for increased complications<sup>4,5</sup> and longer operating times, with a reduced number of cases and earnings per list. Discussion of medicolegal issues, remuneration and accreditation of posts would need to take place between hospitals, government and the RACS.

It is clear that increasing demand for surgical training necessitates the consideration of an accredited role for the advanced surgical trainee in the private health care system.

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