



Surgical training in the private sector in South Africa

To the Editor: Training of surgeons in the private sector has gained international traction over the past decade, with private academic hospitals providing a facility to supplement surgical training offered by state institutions. Private hospitals may also offer super- or sub-specialist training opportunities that are not available in public institutions.

In South Africa (SA), surgical training in the private sector is still in its infancy, its utility and acceptability often questioned. A primary reservation about private surgical training in this country is whether paying patients feel comfortable undergoing surgery in a training environment. This is especially pertinent in cases where patients deliberately seek the expertise of a specific consultant surgeon. The patient pays to be treated by that surgeon, and to benefit from their skill. However, in a training environment, operations may be performed by a trainee under the supervision of the consultant surgeon, rather than by the consultant surgeon themselves.

Wits Donald Gordon Medical Centre (WDGMC) in Johannesburg, SA is the first private academic hospital in SA. Affiliated with the University of the Witwatersrand, WDGMC hosts several surgical registrars and fellows across various sub-specialties each year. To date, 531 registrars and fellows have passed through our training programme, which commenced in 2007. However, patient perceptions of our training programmes had not been empirically examined and we undertook a small research project to evaluate this – specifically within our colorectal unit. We wanted to determine patient experiences with trainees, and whether patients felt comfortable with trainee involvement in their surgical care – even when they had sought out the expertise of a specific consultant surgeon.

Briefly, the majority of patients who participated in the study supported the notion of surgical training in private facilities (74.1%; 129/174). Interestingly, a significant majority of respondents stated that they were comfortable with a *supervised* surgical trainee performing part of their operation (83.3%; 145/174). Importantly, participants

stipulated that they must be informed about the involvement of the trainee in advance of a procedure (78.2%; 136/174). Moreover, the involvement of trainees in patient care equated to more contact with doctors, and increased opportunities for patients to ask questions regarding their care. This improved overall perceptions of care, with 74.1% (129/174) of patients seeing more than one doctor a day. Of these, the extra opportunities for interaction made 70% (91/129) of participants 'feel better'.

Our study should allay some doubts about whether paying for care creates an unwillingness among patients to participate in the training process. Clearly, this is not the case and private hospitals that wish to implement training programmes in partnership with academic institutions should not be discouraged. To implement a meaningful and effective training programme, transparency about the role of surgical trainees, and the extent to which they are involved, is essential. Private sector training presents an opportunity that should not be missed.

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