TRAINING IN SURGERY

A REPORT FROM SHANGHAI, MAY 1996

by Dr Paul Hill

IN AUSTRALIA, THE ROYAL AUSTRALIAN COLLEGE OF General Practitioners Faculty of Rural Medicine defines rural practice as medical practice outside urban areas, where the location of the practice obliges some general practitioners to have, or to acquire, procedural and other skills not usually required in urban practice.

Training for advanced rural practice skills in emergency medicine, anaesthesia, surgery, procedural obstetrics and others, needs to be developed and appropriately funded. Depending on the intensity of the programme, such training may involve one or two years of additional training time over and above basic family medicine training. Consideration should be given to recognition for rural vocational training in the form of certification in rural medicine.

In Australia Professor Roger Strasser, under the guidance of GP surgeon Jack Shephard, suggested a training programme for rural practitioners according to a priority and tier system. In essence this means that patients are categorised into priorities one, two and three, depending on the severity of the problem. The three tiers are based on the distance of the GP from a major provincial hospital.

Examples are:

PRIORITIES

1. ***First priority***
   Definitive surgical treatment required within *90 minutes*, eg extensive injuries with muscle damage, extensive burns, severe multiple wounds and major fractures. Also internal bleeding, eg ectopics etc.

2. ***Second priority***
   Definitive surgical treatment required within *90 minutes if possible*, and preferably within four hours to a maximum of six hours, eg perforations of gastro-intestinal tract.

3. ***Third priority***
   Delay of six or more hours is acceptable, eg spinal injuries, fractures and dislocations etc.

TIERS OF SERVICE

THESE ARE RELATED TO THE DISTANCE FROM A MAJOR referral hospital.

1. ***First tier***
   Rural communities of less than 30 000 which have or are within 80 kilometres of an appropriately staffed major regional hospital. This distance (80km) has been chosen because it represents the maximum (one hour) time allowed for road ambulance transfer of priority one casualties to a site for definitive treatment. Beyond this time frame the morbidity rises rapidly. It also represents the maximum time allowed for transfer of a patient in distressed labour, and roughly correlates with the time taken to arrange an LSCS in a receiving hospital.

2. ***Second tier***
   This comprises communities between 80 and 200 kilometres from a major regional centre. Beyond the distance of 80km (or one hour) by road from the base hospital, certain priority 1 patients will require either definitive treatment or adequate resuscitation before a retrieval team or surgical help arrives. The local population will demand a higher level of competence of its GP to prevent unnecessary travel for many procedures. Given further training the GP can cope post-operatively with a wider range of elective procedures performed by visiting specialists.

3. ***Third tier***
   Communities greater than 200 kilometres from a major regional centre. These isolated rural

GPs will be expected to provide emergency and post-operative treatment for all major conditions they encounter. GP surgeons must therefore have an ability to perform a variety of major and medium procedures to avoid unnecessary transfer costs and risks.

Elective lists done by visiting surgeons will form a major component of surgery performed. The reason for selecting this distance (approximately two hours by road or three hours by retrieval) is that the morbidity of priority 2 patients rises rapidly after three to four hours to that of priority 1. For example, the morbidity of peritonitis becomes a mortality if definitive surgery is not performed. These cases fare very poorly if definitive surgery is delayed for longer than two hours by road or three to four hours by air. Guidelines are provided for rural practitioner training in accordance with the relevant tier. The training required for emergency and elective procedures is cumulative for each tier proposed. A detailed list for both categories of surgery is provided.

CONCLUSION

The Australian experience demonstrates the absolute necessity for a structured training programme for rural doctors in South Africa. In both countries there is a shortage or complete absence of specialist services for rural areas. This problem is unlikely to change in the future. The importance of *rural* GP surgical and emergency training must be emphasised. One of the challenges we face is *how* this gets done.

Through his experiences of working in a rural practice, Dr Hill believes that appropriate training for rural practitioners in procedural and secondary health care skills is a necessity.

ACADEMY NEWS

DO YOU TAKE ADEQUATE PAP SMEARS?

Members of the Athlone and Mitchell's Plain groups of the Academy were recently challenged by Dr Judith Whittaker as to their technique and tools used in taking pap smears, as these are major causes of inadequate or incomplete smears.

A good representative smear picks up all types of cells from both the ectocervix and the endocervical canal – including the transformation zone.

The use of old-fashioned blunt-ended spatulae is *out* as they do not penetrate the endocervical region adequately. This is a particular problem in older women and in women with a high external os.

Devices such as the Aylesbury spatula and the Cervi-brush are now *in* and at times the use of both may be recommended. Clinicians should indicate the presence of an IUCD on their request forms to assist the cytopathologists' interpretation of the smear. Other relevant clinical information will increase the usefulness of the cytology report. Clearly this is important in determining the best therapeutic options.

Contact Yvette Thomas on (011) 807-6607 for further information on how to obtain the Aylesbury spatula or the Cervi-brush.

Flanked by Dr Judith Whittaker and Dr Abdul Barday, Mike Brown of Pharmaceutical Enterprises challenges GPs about the adequacy of their pap smears.