

ASPS Darwin Workforce Project Impact Report

2022 - The Second Year

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Acknowledgement of the indigenous communities of the Top End

The ASPS Darwin Workforce Project fully acknowledges that the indigenous people of the Top End are the custodians and traditional owners of the land and pays respect to the Larrakia elders, past, present and emerging, whose land the Royal Darwin Hospital is built on, but also the other First Peoples of the Top End.





Executive summary

In 2019 The Australian Society of Plastic Surgeons (ASPS) established a Rural and Regional Committee as part of a pledge to improve equity of access to healthcare in Australia. As part of ASPS' ongoing commitment to this, and in consultation with its members, the Darwin Workforce Project program was developed in 2020. This project aimed to supply appropriate consultant staff to the Royal Darwin and Palmerston Hospital (RDPH) for a period of two years. A further principle was to support those at any level who had the potential to be interested in a Specialist Plastic Surgery position at the RDPH long term.

The purpose of this report is to reflect on the successes and challenges of this project, how it developed over the 2 years and the impact it has had on the patients, the hospital, the Top End community and other key stakeholders.

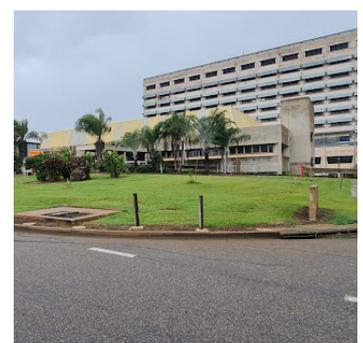
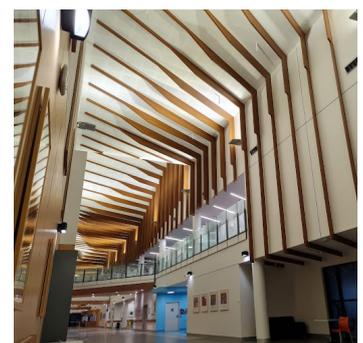
This report considers: How things have changed over the two years, What the current structure of the plastics team looks like and what the future is looking like as the project in its current form comes to an end.

Introduction – Year 2

In order to continue to provide Specialist Plastic Surgery services to the community of the Northern Territory, ASPS has continued its unique project to assist in the co-ordination and support of Australian trained plastic surgeons committing to working for Top End Health Service in Darwin in 2022.

The Royal Darwin Hospital has, over many years, found it challenging to maintain enough Specialist Plastic Surgeons to deliver a consistent consultant-led plastic surgery service. The key principle of this project continued to provide Australian trained Specialist Plastic Surgeons who commit to short term contracts (Usually 4 – 16 weeks) to work at the RDPH. The visiting surgeons are provided collegial support, minimization of logistic difficulties, the support of local leadership and excellent orientation.

This project has now been running continuously since the end of August 2020 and was extended to finish in its current form at the end of December 2022. (Extended from August 2022). In total 31 plastic surgeons, from all over Australia, have participated in the program. This report highlights the key work that has been done in Darwin during the 2nd year of the project.



Key challenges

The Royal Darwin Hospital has, over many years, found it challenging to maintain enough Specialist Plastic Surgeons to deliver a consistent consultant-led plastic surgery service. The loss of training post accreditation for a plastics trainee has added to these issues. The situation became worse with the advent of the COVID pandemic.

There has been much written about the difficulty of attracting and retaining Specialists to rural and remote environments. There are many factors affecting this. Some of the key acknowledged barriers include:

- Location and retention
- Professional isolation
- Local hospital politics and “scope of practice”
- Increased on call after hours commitments
- Regulations required to provide comparable training opportunities
- Supervision and safety

This project was founded on the idea that even if there could be no “permanent” solution immediately visualised for the plastic surgery workforce shortage, there was still merit in delivering services over a medium-term period, for the benefit that it would bring to the individual patients treated, but also for the potential solutions that might be discovered along the way. This project has tried to minimise each of the identified barriers above.

In parallel to the commencement of the short-term contract participants in the project, arrangements were made to host a Top End funded SIMG surgeon, with an interest in a substantive long-term position at the RDH, at an Australian unit with an established high level of supervision and training in Plastic surgery, to facilitate learning of content for the FRACS Examinations and exposure to a typical Australian unit mix of plastic surgery cases.

Growth and development of the unit

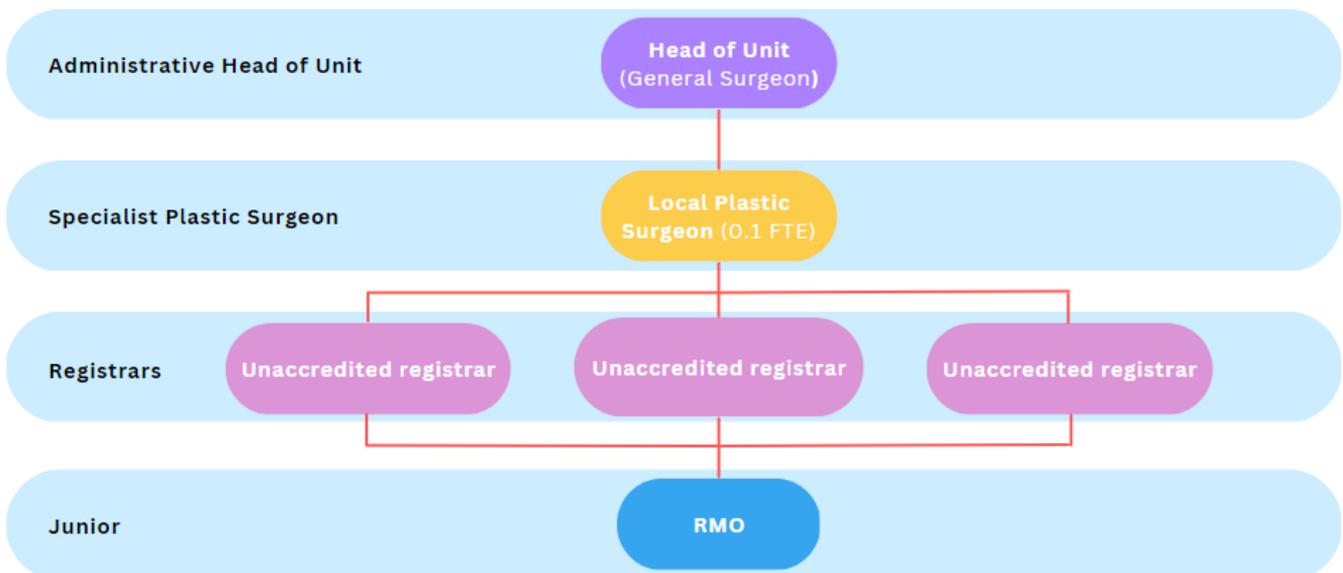
Addressing and minimising each of the challenges listed above has been an important part of the project from the outset. An important part of this was to grow and develop the Plastics unit into a high performing team within the hospital’s structure. These changes have aimed to:

- Build stability within the team
- Give better reporting / administration structures
- Create and foster a strong team culture
- A positive working environment within the team and towards other teams in the hospital.
- All these factors will contribute to better patient outcomes and safety.

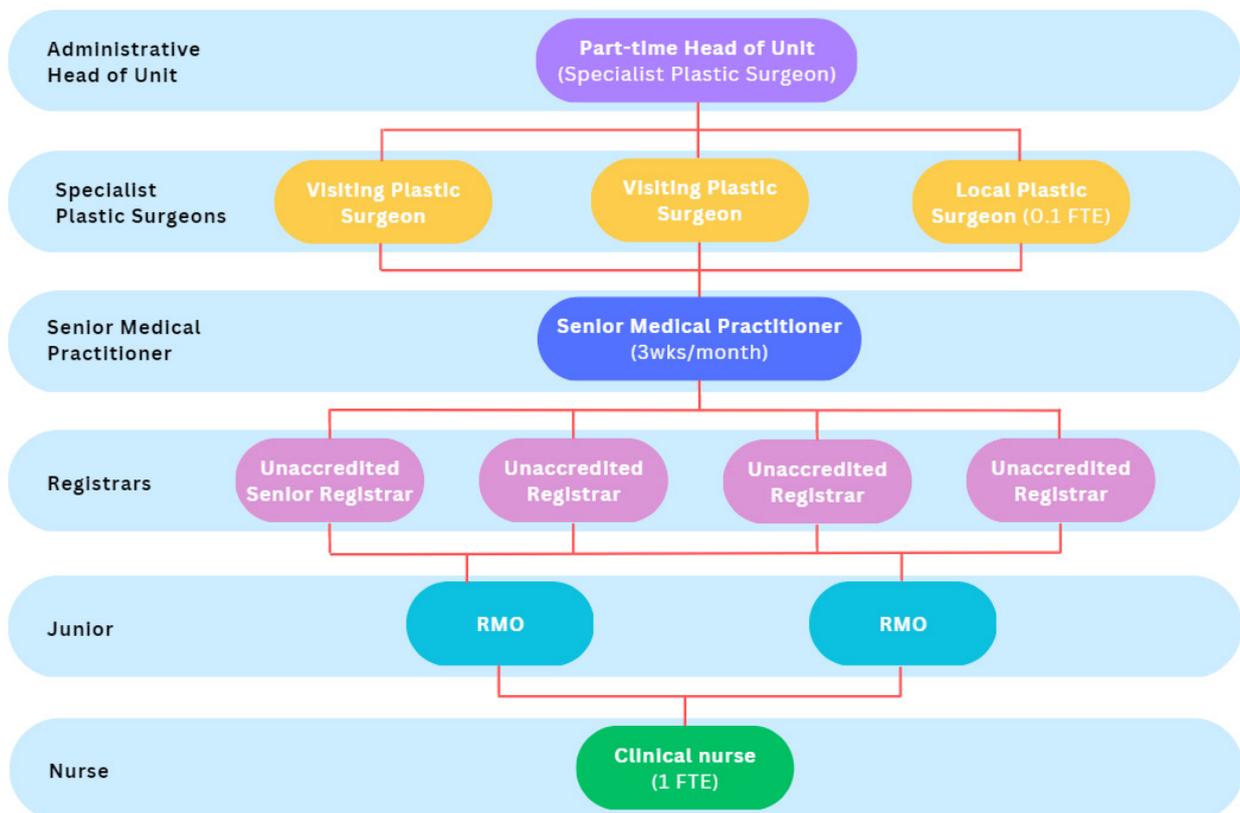
Original unit structure in August 2020

In August 2020 1.8 of the 1.9 FTE for Specialist Plastics Consultant positions were vacant. The structure of the plastics Unit was:

- Head of unit (General Surgeon)
- 1 local plastic surgeon (0.1 FTE)
- 3 Unaccredited registrars
- 1 RMO



Original unit structure August 2020



Unit structure January 2023

Unit structure in January 2023

- 1 Part-time Head of Unit (Specialist Plastic Surgeon)
- 2 visiting ASPS plastic Surgeons at a time
- 1 local plastic surgeon (0.1 FTE)
- 1 Senior Medical Practitioner (3 weeks per month)
- 1 Unaccredited/service senior registrar
- 3 unaccredited/service registrars
- 2 RMOs
- 1 Clinical nurse (1 FTE)

The two ASPS Darwin Workforce consultants share on call duties with the local VMO, Dr Mahajani, ensuring that each works one in three weekends on call. The registrar group consists of one international graduate service registrar and three Australian graduate registrars. Each are on call on a one in four basis. The resident medical officers look after the day to day running of the ward, assist in admission and discharge of patients and assist in procedures.

Having a head of unit that is a Specialist Plastic Surgeon rather than a General surgeon has also been a big step forward for the department and allows the Plastics unit to have a significant presence in Darwin. This stability has also allowed the positive culture of the team to continue to grow and develop.

The team now has a clinical nurse who supports case management of complex patients, the development of patient flow pathways such as a “Minor Plastics Trauma Pathway”, has oversight of wound management and dressings practices as well as development of protocols with medical staff.

Audit process

To ensure good governance, and continued development of the processes and practices for the departments, the six weekly clinical audits have continued throughout 2022 and 2023. It is well supported by RDH Division of Surgery audit support staff. The invitations for these audits are sent to all relevant RDH staff, current visiting consultants and other interested parties involved with the workforce project, including surgeons who will be visiting in the near future. A weekly “grand round” meeting with review of X-rays, inpatients cases and upcoming theatre lists was instituted in early 2021. There are now twice weekly consultant ward rounds. In addition, members of the plastic surgery team attend the weekly Head and Neck Cancer Multidisciplinary meeting and Burns weekly meetings. There is a Division wide teaching session every week and plastics-specific teaching sessions are evolving.

Developing a unified model of care between a very diverse group of doctors and ensuring consistency, despite the rotating consultant staff was a high priority and one that evolved over a period of months. There are now established governance structures in place, such as a regular formal registrar evaluation session and maintenance of log books.

Hospital accreditation

One of the goals for the project, right from its inception, was to help build the service to a level where it would be suitable for re-accreditation as a hospital training post. The Training Post Accreditation was withdrawn in 2017 as there was inadequate supervision for SET trainees in Plastic Surgery.

In a very positive step, the new head of the plastics unit, felt the department is now in a position to apply for that re-accreditation from 2024. An application, to the Plastic and Reconstructive Surgery Board was prepared but was rejected by the board.

In further encouraging news, it is understood that STP (Specialist Training program) funding is on reserve pending an appointment and re-accreditation as a hospital training post. Funding through this program supports accredited training settings to establish and expand Specialist Training positions. The program aims to grow the specialist workforce, long-term, in areas including regional, rural and remote areas.

Development of services

As a general overview, the service is still dominated by emergency cases with around 70% of the caseload relating to trauma or infection. There continue to be a high number of patients with complex chronic illness, in particular diabetes, and many infections are complicated by unusual organisms or late presentations. Approximately 60 – 70% of patients are indigenous with around half of these coming from remote communities where culture and language is often significantly different to those of healthcare workers and where aboriginal liaison or interpreting services are required.

As well as single speciality patients, there are combined head and neck cancer cases with the ENT surgeons and some combined lower limb reconstruction cases with orthopaedics. We have recently commenced performing immediate breast reconstructions. Breast reduction and abdominoplasty for functional indications are not common in the service at this stage. There are a significant number of skin cancer cases, usually referred by GPs, along with some elective hand surgery. The unit would also like to be involved with management of facial fractures but this is still under discussion.

Outpatient services

The Plastic surgery service now has very busy outpatient clinics, with over 90 being seen per week. Many outpatient referrals are from the Emergency Department regarding urgent hand conditions but increasingly GP referrals for conditions such as skin cancer, Dupuytren's disease and breast problems and chronic wounds are being serviced. The outpatient clinics have been very well supported by an excellent cohort of nursing staff, who have continued to adapt well to the changing service. There is also an excellent hand therapy team who attend the Tuesday and Wednesday hand clinics.

Key successes

In summary, the impacts that the Darwin Workforce Project has had on the development of the plastics service available in the Top End region has been significant and numerous. The highlights of these include:

- Improved care for patients in the Top End
- Busy and organised Out Patients service
- Strengthened plastic surgeon presence and relationships within the hospital
- Training and development for staff in the plastics team at all levels
- Stability and continuity for patients and staff
- Access to visiting sub-specialty experts
- Development and maintenance of strong governance and systems
- Starting to look at outreach services to Katherine and other regional areas.



The future

This project was always designed to be a short-term solution, while medium and long-term plans were developed, scoped and put in place over a longer period of time. With the addition of a plastic surgeon as head of unit, and longer-term staff in place, this project can now be phased out as appropriate. For the foreseeable future, ASPS will continue to lease accommodation for the visiting consultants to Darwin. This will then be charged back to the RDPH as agreed. This is a useful service that ASPS are able to continue to provide as the leasing arrangements mean this is something the hospital are unable to source themselves. The next phase of the development of the unit in Darwin will include:

- The Specialist International Medical Graduate (SIMG) becoming a full-time consultant during 2023
- Increased presence at Palmerston Regional Hospital
 - Palmerston Regional Hospital is a beautiful new hospital with excellent facilities for plastic surgery procedures and outpatients. There are currently regular elective and semi elective plastics lists operating lists but there is a potential for the plastic surgery service to do much more at that site – both for elective and emergency patients.
- The further development of the team to include another consultant either full or part time who lives in Darwin permanently.
- The Unit is able to support a RACS SET Trainee position and is successful in its next application.

Conclusion

There is no doubt that the Darwin Workforce Project has had a positive impact on the patients, community and team at the Royal Darwin Hospital and has been well received by colleagues in other specialties and the hospital administration. The continuation of the program until the end of 2022 was important to keep the momentum of the project and its benefits going. As a medium-term way of moving the program forward, a part-time head of unit has been appointed for 2023. This is very positive news for the unit. The overall administration of the project will be handed back to the Royal Darwin hospital with a smaller selection of surgeons still travelling up to the top end on a rotation while the long-term model is finalised.

We would once again like to thank all involved in the project. This project is unusual and as such, the proposal for it represented a leap of faith for local leaders. The ASPS Darwin Workforce Project could not have worked without the engagement and support of those leaders. They include Dr Mahiban Thomas, Dr Brian Spain, Dr Manimaran Sinnathamby, Ms Allison Grierson, and the NT Minister for Health and chief Minister Natasha Fyles. In addition, the support and partnership of the long-standing Visiting Medical Officer in Plastic Surgery, Dr Ravi Mahajani, has been intrinsic to the success of the project.

A very special thank you especially those participating surgeons, several of whom have travelled to the top end multiple times during this project and many having come from busy private practices and other commitments in their home states to contribute to this unique service.



The Darwin team 30 September 2022

Appendix

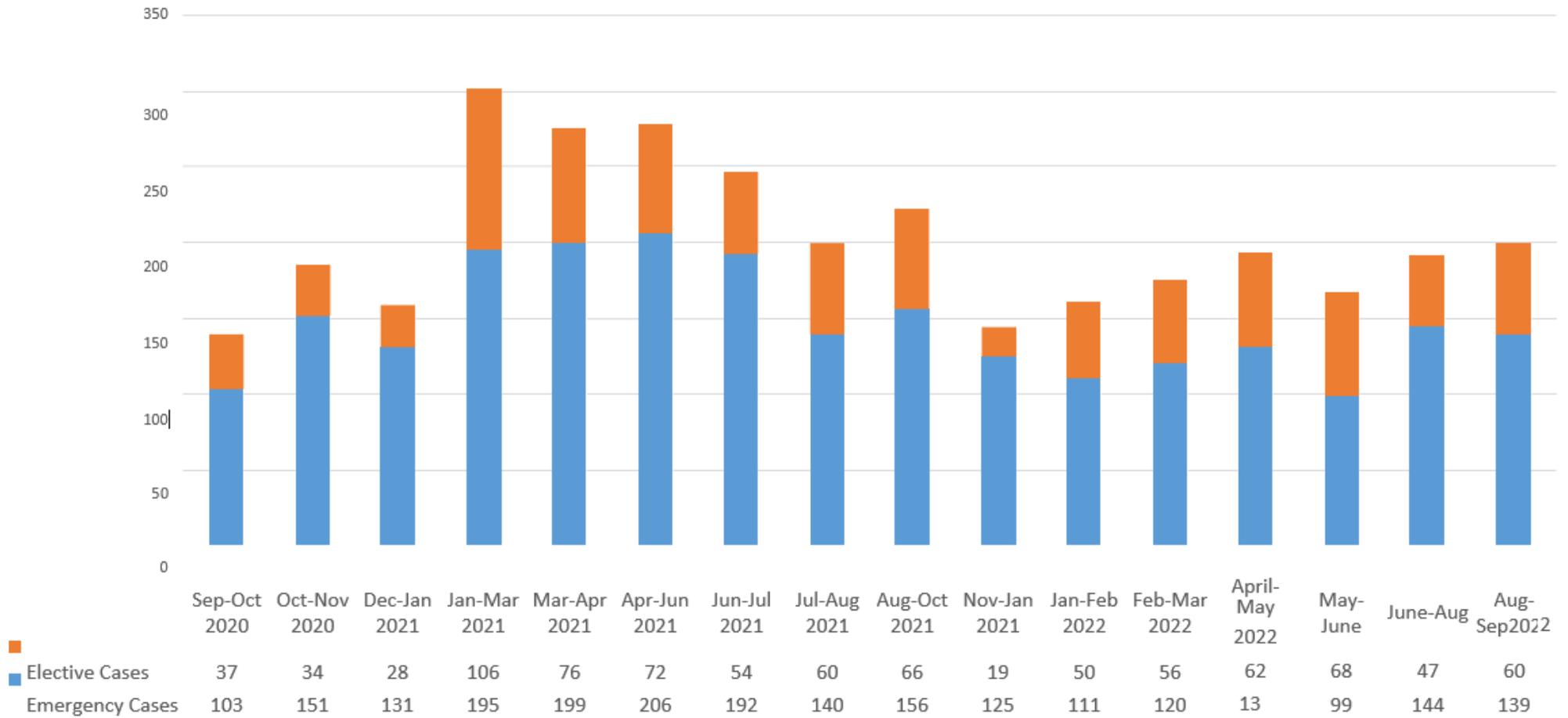
A few key metrics from the Plastics department from the start of the ASPS Darwin workforce project in August 2020, for its 2 year duration, can be seen below.

Plastic team workload data from the start of the ASPS Darwin workforce project

	2020		2021									2022					
	Sep-Oct	Oct-Nov	Dec-Jan	Jan-Mar	Mar-Apr	Apr-Jun	Jun-Jul	Jul-Aug	Aug-Oct	Oct-Nov	Nov-Dec	Jan-Feb	Feb-Mar	Apr-May	May-Jun	Jun-Aug	Aug-Oct
Admits	140	163	147	220	191	178	187	147	209	172	225	166	170	147	138	160	183
Discharges	135	155	148	217	190	181	183	153	213	167	224	174	162	150	140	161	178
<24hrs stay	47	52	77	116	95	80	104	78	114	78	117	89	87	69	77	92	104
Unplanned return to theatre	5	6	4	0	0	2	2	0	2	0	3	1	1	1	3	1	0
Deaths	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Unplanned readmissions	6	6	9	10	5	2	4	4	12	8	7	7	4	6	1	1	5
Unplanned ICU admission	2	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0
Riskman	1	2	1	6	3	7	5	7	5	2	0	0	0	0	0	0	0
Discharged without a summary	-	-	-	-	-	-	69	35	30	35	7	30	0	30	12	48	68

Parameter	Audit period 2022						Same period last year	Statistical difference
	6 Jan - 16 Feb	17 Feb - 31 Mar	30 Mar - 10 May	11 May - 21 Jun	22 Jun - 2 Aug	3 Aug - 14 Sep		
Admissions	166	170	147	138	160	183	175	4% INCREASE
Discharges	174	162	150	140	161	178	173	3% INCREASE
Average length of stay (days)	2.38	1.77	2.56	2.12	2.61	1.75	2.8	60% DECREASE
<24hrs stay	89	87	69	77	92	104	92	11.5% INCREASE
Discharged without a discharge summary	30 (17%)	0	30 (20%)	12 (8.6%)	48 (30%)	68 (38%)	40 (23%)	15% INCREASE

Emergency and elective cases load



A huge thanks must go to the surgeons who have been to Darwin in 2022



Felicity Connon



Doug Copson



Catharine Darcy



Lachlan Farmer



Gillian Farrell



Jessica Kierath



Kirstie MacGill



Darren Molony



Alexandra O'Neil



Puvsh Punj



Peter Riddel

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