Professor Robert Dunn MB ChB (UCT) FCS (SA) Orth MMed (Orth)
Consultant Spinal and Orthopaedic Surgeon PR No. 028 000 0057150 HPCSA : MP 0385972

OrthoUCT
UCT Private Academic Hospital
Groote Schuur Complex
Observatory
☎ 021 442 1801

HOD
Division of Orthopaedics Surgery
Groote Schuur Hospital
H49 OMB
Observatory
☎ 021 404 5118

Postal address:
PO Box 656
Constantia 7848

Fax: 0866715294
Email: info@spinesurgery.co.za

Dr Adriaan van Zyl

The Fellowship accreditation committee

SAOA

Application for fellowship accreditation

Type of fellowship: Clinical fellowship within an academic department

Duration: One year

Program consultant: Prof RN Dunn

CV attached

Contact details: robert.dunn@uct.ac.za

021 404 5108

Other consultants and related healthcare professionals involved:

Dr Nick Kruger	full time consultant
Dr Peter Polley	part time consultant
Dr Pradeep Makan	part time consultant
Dr Crispen Thompson	full time consultant – Neurosurgeon
Dr David Welsh	part time consultant – Neurosurgeon
Dr Juliet Stander	Senior MO Acute Spine Injury Unit

Details of primary and additional institutions and sites of fellowship:

Predominately based at Groote Schuur Hospital with paediatric service at Red Cross Children's Hospital and exposure to private cases at Vincent Pallotti and UCT Private Academic Hospitals.

Fellowship program:

This fellowship has been in existence since 2005 and now includes two positions, one starting in January and the other August.

We work as a team with one senior registrar. There is a clear understanding of each other's roles to avoid compromise of registrar training.

I append the explanation document given to all fellows and registrars.

In summary, the fellow(s) has the following exposure:

Theatre: Monday am Spine Trauma (Kruger)
Tuesday pm Private list (Makan and Dunn)
Wednesday two morning lists and one afternoon list at GSH (Dunn)
Thursday pm private list (Dunn)
Friday am Paediatric list alt weeks (Dunn) and private list (Makan)

Most fellows operate as primary surgeons in the order of 120 -150 cases in their year as well as assisting in plenty others. They tend to do the trauma and assist or do part of the degenerative, TB and deformity cases.

Clinic Tuesday midday new patient fellows clinic
Thursday am main Spine OPD (Dunn)
Friday once a month Paed Spine clinic (Dunn)

Spine case meeting every Tuesday morning followed by teaching Grand Round

Tuesday night registrar tuts – they come when spine topics

Friday afternoon departmental academic meetings – they come when appropriate

During their year they will participate in the departments live pig based surgical complications course and the cadaver spinal approaches / techniques course

They are expected to teach students on Thursday 8am for one hour

They are expected to produce 2 publications in their year

The criteria for specific fellowship as outlined under minimal fellowship criteria:

Qualified Orthopaedic or Neurosurgeon

Due to sponsor requirements – one post is restricted to a South African with independent HPCSA registration. The other may be from a sub-saharan African country but have HPCSA registration.

Demonstrated ability to produce research.

Financial structure including sponsorship(s):

The posts are funded by the Cape Spine Education Trust, a not for profit public benefit organisation. Professor is the Trustee and manages this Trust.

The Trust is currently supported by AOSpine, Du Puy and Medtronic. In addition, all the assistance fees from the day time private assisting are paid to the trust. The Trust funds a salary at a senior registrar level, assists with registration for a UCT MSc degree, assists with congress attendance and travel. Currently the fellows are paid R67 000 per month (2016) prior to PAYE / UIF deduction.

Previous fellows as reference:

Dr Ian Zondagh, Dr Alex van der Horst, Dr Peter Polley, Dr Attie Botha, Dr James Watt, Dr Johan Davis, Prof Ian Vlok, Dr Martin Jacobsohn, Dr Nte Mjoli, Dr Lusanda Bomela, Dr Simon Sandler, Dr Al Puddu, Dr Richard Ombachi, Dr Valentine Mandidzidza, Dr Salleh Abdullah.

Regards

PROF ROBERT DUNN

UNIVERSITY OF CAPE TOWN

Division of Orthopaedic Surgery
H49 OMB
Groote Schuur Hospital
Observatory 7925
Cape Town - South Africa
Telephone: (+27 21) 406 6157/ 8
Telefax: (+27 21) 447-2709
e-mail: Bernadette.Priest@uct.ac.za

Dear

Welcome to the spinal surgery firm.

The team consists of the PAOU registrar (3 months) and two fellows (12 months). In addition we may have ad hoc visitors with varying experience. We have addition input via the ASCI unit via consultants Nick Kruger (Orthopaedic), Dave Welsh (Neurosurgical) and Pradeep Makan (sessional)

We operate as a team looking after all the spinal patients, whether they are trauma, elective or infective. We all work together sharing the load but each with specific responsibilities.

Registrar

The registrar is predominantly committed in the elective Princess Alice Orthopaedic Unit area of the spinal firm, but not limited to this. Should the need arise, s/he will be expected to assist with the management of the trauma spine patients as well.

S/he is expected to take full responsibility for the care of these patients. They are to be seen every day, whether this is by organized cover over weekends, or by yourself.

You are expected to keep comprehensive notes in their folders pertaining to their management and progress with particular attention to neurological findings.

All patients must have a result sheet on the first page and make sure that the intern uses it.

Please ensure that the pages are held with a fastener and that there is always space to write on the last page.

The registrar will take referrals for suspected or confirmed TB spine patients from outside the hospital, within GSH and from the general Orthopaedic firms. Before accepting the cases, they must be discussed with RD with relevant data available, i.e. neurological status, HIV, Albumin, pressure sores etc. The registrar will care for these patients in D15.

The registrar will coordinates patients for the Tuesday Princess Alice meeting

Registrar core competencies to be acquired

- Spine specific history taking and examination
- Interpretation of spine x-rays, CT and MRI
- Understanding of spine biomechanics
- Approach to infections of the spine and management options
- Assessment of spine trauma, classification of fractures, management options
- Approach to degenerative lumbar pathology – axial and radicular
- Approach to deformity – aetiology, natural history, when and how to intervene
- Approach to spine malignancy
- Approach to cervical pathology – degenerative, inflammatory
- Minimum surgical skills to include open biopsy, costotransversectomy, placement of lumbar pedicle screws.

Fellows:

There are 2 spine fellows - a senior and less so - F1 and F2.

The fellows exist between registrar and consultant level, but very much a trainee. You get as much out as you want. You are expected to know all patients that you operate on, even though the primary assessment / clerk may be done by the registrar or ASCI unit MO.

You are expected to examine all new admissions, come to a diagnosis and have a plan. All new patients must be discussed with a consultant - if trauma, the on call consultant, else me.

We will allocate tasks to each of the fellows which include clinical, teaching and research.

Our week is structured as follows:

MONDAY

We meet at 7.00 am in D15 seminar room for the departmental Orthopaedic trauma meeting.

As the ASCI list starts at 7.30, the fellows may skip the above meeting if they are tying up loose ends from the weekend and going to theatre. I would suggest one fellow attends the meeting as often spien trauma cases from the weekend are handed over.

There is usually a case planned from the preceding week. If not, it is imperative that any spine trauma from the weekend is "worked up" for this list, confirmed with the on-call consultant and instruments ordered to allow a smooth start. Nick Kruger covers this list but is late due to his trauma firms ward round.

Our elective cases for the week are admitted on a Monday morning. These patients are to be clerked on Monday by the registrar to allow the appropriate ICU and anaesthetic referrals to be timeously arranged, i.e. on the Monday. All X-Rays and MRI's must be obtained on the Monday and available for the Tuesday morning ward round.

Cases are to be collated for presentation on the Tuesday meeting.

TUESDAY

Spine meeting at 7.45 am in D15 Seminar room. Members of the neurosurgical department and private practice attend and cases are presented. Please bring any referrals to this meeting for discussion. This usually includes the elective admissions for the week.

We proceed on the main firm ward round for the week. This starts in C27 ASCI HCU followed by D15. The patients are presented by the ASCI Medical Officers but the fellows are expected to know the acute patients and present the surgical related issues.

We then proceed to the Princess Alice Unit where the registrar will present the elective patients.

Please make sure that the intern is aware and available for this ward round and that all X-Rays, MRI's and results are available so that decisions can be made during this ward round. Should there be any outlying patients, you should be aware of these and we will see these patients such as in D12 and C12 or the F wards.

There is a small new patient clinic in D6 where F1/F2/Reg will see a maximum of 4 patients each. These are new patients only; none should be brought back as follow-ups. All follow-ups are to attend the Thursday clinic. I am available in my office should you wish to discuss a case. Take this opportunity to run through your examination well, as if this is a fellowship exam case.

Please note this clinic is for first time patients only and at the end of seeing each patient, the patient will either be discharged as they are not appropriate for further surgical intervention, or if you feel they need to be brought back for follow up for blood results or for review, this should be to the main Thursday clinic. Make sure that I will be at that respective Thursday clinic if my opinion is sought (Marilyn has access to my calendar) so as to avoid upsetting patients with a wasted visit.

Do not allow anybody to pressurise you to take additional patients to the Tuesday clinic and should any of this occur, please let me know.

Following the round, you can check the folders and request appropriate x-rays. While this is happening, we prepare the list for Wednesday theatre. Generally this is done in Jean's over a cup of coffee. Please make sure that this list gets to the appropriate person for distribution and that all loan sets are ordered from the relevant company.

At 1pm there is a Tuesday clinical meeting. Should we have an appropriate patient, we can present these patients at this meeting. The fellows are expected to attend if available.

On the first Tuesday of the month, there is a Combined meeting with the Rheumatologists at 14h00. You are expected to attend.

F1 assists Dr Makan in private on a Tuesday afternoon.

The registrar and F2 need to make sure that all patients are ready for Wednesday theatre.

The registrar teaches the 5th years at 14h00 (45 -60 minutes) around our patients. This should be a clinically based tutorial, focussing on examination and demonstration of pathological signs / imaging.

This time can also be used for research and study.

WEDNESDAY

Wednesday is our main operating day.

We run a full day list with an additional morning list covered by Dr Makan or Dr Kruger.

You are expected to be in theatre the whole of Wednesday. I will allocate duties for the day.

The registrar is on call for the ASCI unit (unless Neuro on call) and the Princess Alice Unit on the Wednesday. You are responsible for reviewing our patients in the high care unit that evening and responsible for their care overnight.

Should you be on call for the ASCI unit, you are responsible for these patients as well. Should you be uncomfortable with a problem with the medical management of the C27 high care patients, you are welcome to contact the C27 ICU Registrar on call. You must make an effort to see the patient first, and not simply manage this by remote control.

Should there be any problems you cannot deal with in the ASCI unit, you can contact me at any time.

THURSDAY

There are teaching commitments in H49 at 8am sharp. I will either give the lecture or allocate it to one of our team. Remember we are teaching GP's.

On Thursday morning we have Spine clinic which starts at 8.30 sharp and finishes around 12.30.

F1 assists me in private from 13h30 until we finish - around 19h00

The registrar is welcome to come along based on the case

F2 operates on the ASCI list from 12.30 with Crispen Thompson in D10.

Those free use the time for research activity.

Regarding the clinics, there are some basic but cast in stone rules.

It is a referral clinic only - no walk in's.

Do not compromise the system by telling trauma colleagues to send patients - see them in Casualty / Trauma. Please resist any patients being squeezed in without my prior approval, as this just generates chaos in the clinic.

All referral letters come via me and need to be prioritised and signed by me before an appointment can be made. Marilyn is the contact point via fax 021 4045389, email or hand delivery.

Generally, on a Thursday there are 5 new patients booked into the clinic and 25 - 35 follow ups. The patients will be allocated by me as I deem appropriate. I tend to see the follow-ups with MRI and waiting list patients and the ones that interest me.

As regards follow up, all routine post-surgical patients have a set follow up pattern:

6 weeks post op make sure the intern complies on discharge
no x-ray necessary unless cervical or a specific concern.
This is simply a wound check and to see if there is no infective complication, sick certificate extension, analgesic review etc

3 months, 6 months, 12 months and 24 months post op –x-rays are done if appropriate.

Generally, should there have been instrumentation, x-rays are appropriate.

Should there be patients who have been managed for TB, I would like ESR's before clinic. It is good to get these off as early as possible. They can take up to 2 hours to get the result.

Please write up ESR BC and XRBC as appropriate for the next visit. Please book the XR for the next visit on the PhysUtil system and mark the XRBC in the notes as "ordered"

Please remember many of these patients have waited months for their appointments and often travelled far and deserve attention and proper examination.

No patient may be booked for theatre without discussion with me and I would request that all new patients are discussed before discharged.

I control the waiting list. A patient is placed on it after discussion with me only. Once on my waiting list, they are followed up 4 monthly until a definitive surgical date is given. Surgery is usually 8 – 12 months after going on the list but clearly depends on the pathology.

We usually break at 11am for a synchronised tea - often sponsored by a rep.

FRIDAY

Friday mornings vary.

Week 1: Eben Donges Clinic on uneven months
Week 2: Red Cross Hospital surgery
Week 3: Red Cross Hospital clinic
Week 4: Red Cross Hospital surgery

Should there be a fifth Friday, this is extra time to be used as required at the time.

Friday afternoon academic session H49 – mandatory registrar attendance, topic specific attendance by fellow.

One fellow assists Dave Welsh at VPH.

DISCHARGE SUMMARIES

The registrar is responsible for D14 / TB admission summaries. The ASCI MO's will do the rest.

There is a facility for discharge summaries in my office. Please keep a sticker of every patient admitted with a short note of their admission date, discharge date, diagnosis, any complications, and procedures performed, to be entered into this database.

Research

Both fellows are expected to produce 2 papers as well as present at SASS / SAOA.

Private exposure

Fellows will be allocated lists to assist Consultants in private to increase their learning opportunities. They may be required to assist with the care of UCT PAH patients on an ad hoc basis.

This is a busy firm but if you get involved, it should be quite beneficial for the development of your spinal skills.

Regards

ANNEXURE A:

TEMPLATE AGREEMENT BETWEEN FELLOWSHIP CONSULTANT AND SAOA ON ENDORSEMENT OF FELLOWSHIP PROGRAM

I have read and accept the SAOA endorsement criteria as laid down under the Policy document "SAOA Policy on Fellowships: endorsement criteria"

I understand that the SAOA can only endorse the program on the basis of the information provided to them, and that the SAOA cannot take any responsibility for the actual fellowship program itself, its impact on any fellow, consultant, patient or any other person.

I understand that where sponsorship(s) accompany the fellowship and where the public sector, or public monies, and/or public sector employees are involved, I have to ensure compliance with the following laws:

- **Public Finance Management Act and National Treasury Regulations, 2005 on all donations and sponsorships;**
- **The Public Service Act, and in particular the rules applicable to the Senior Management Service;**
- **The SA Marketing Code, where sponsorships from the pharmaceutical- and medical device industry is concerned.**

I further undertake to, where medical schemes could be billed for cases where the Fellow is involved, deal with such billing in a manner that is fair and transparent, with adequate patient consent, and to not bill for procedures and salaries already covered by sponsorship(s).

I undertake to, when so requested provide proof of compliance with the SAOA criteria and to co-operate in any matter where concerns or complaints are raised with SAOA in relation to the fellowship.

I undertake to ensure that the Fellowship will be conducted in accordance with good clinical practice- and educational principles, in a manner that is ethical and legal and compliant with principles of good corporate governance.

SIGNED  **.....** **DATE** 19 Sept 2016

RN DUNN

FELLOWSHIP CONSULTANT