

Climate change and Trainees

My introduction to obstetrics and gynaecology in Australia was in 1994 during a term at Mt Isa Base Hospital. Once I got over the culture shock (prior to this I had come from a teaching hospital in Glasgow), I really enjoyed the term.

By Carol Breeze
FRANZCOG

I went on to a PHO job in O and G at Cairns Base Hospital in 1995 and began to seriously consider a career in O and G. Knowing what was involved in training, I wanted to be sure, so I worked in psychiatry, medicine and ED for 12 months. I swiftly returned to pursue a career in O and G, with the much appreciated help of Professor Michael Humphrey. As one of those infamous overseas trained doctors, I had to complete the Australian Medical Council (AMC) examination prior to applying for training, which I commenced in 1999. I started work as a staff specialist at Cairns Base Hospital in January 2007.

Current training consists of a four-year integrated training program culminating in the MRANZCOG and a two-year elective program culminating in FRANZCOG. Rotation occurs through a minimum of three different hospitals, with 12 months in a tertiary centre and at least six months rurally. A gynaecology oncology term should be included in the four years of training. During this time, Trainees should have formal three and six monthly assessments by their training supervisors. Compulsory workshops include: basic surgical skills, communication skills and neonatal resuscitation training. In-hospital modules assess ultrasound and colposcopy skills. There is also an assessment in surgical competency. A research project should be completed prior to exams. The membership exam can be taken in early third year and the oral in fourth year, with at least six months between exams.

I trained with the old curriculum and therefore completed the Distance Education Program (DEP). Compulsory workshops, assessment of surgical competency and research projects were all introduced with the new curriculum and I believe have been beneficial. The new curriculum has addressed several problems I encountered with the previous system, though persisting and new problems exist.

The DEP was not up-to-date, was time consuming and often had little relevance to clinical training. These issues have been addressed

The current concerns of Trainees

- lack of gynaecological surgery, with concerns about passing the surgical competency assessments;
- limited gynaecology oncology places;
- limited ultrasound training;
- protected teaching time and adequate supervision; and
- part-time training.

by the Flexible Learning Program (FLP). The benefits are obvious as the range of topics accessed through the RANZCOG website can be kept up-to-date, Trainee feedback is possible, there are no time consuming assessments and it is a good resource for Fellows. The research project is an improvement on the previous epidemiology DEP assessment, with possible publication a positive.

A lack of exposure to gynaecological surgery, especially in the first two years of training, continues to be a problem. I performed a handful of major gynaecological procedures in my first two years of training. With an increase in Trainees – eight in 1999 to 18 in 2006, a reduction in hours and an increase in part-timers, there will obviously be a decrease in exposure to surgical skills. Also, an increase in subspecialists may limit exposure to gynaecological procedures once performed by the generalist.

Adequate ultrasound hours and training was also an issue, with most Trainees – including myself – gaining nowhere near 150 hours of ultrasound experience over their training. Limited exposure to gynaecology oncology, with too many Trainees for the available places, will continue to be a major problem. I did not complete a term in oncology due to lack of positions.

These issues are being addressed by the College, though I don't believe the lack of exposure to surgery with an increase in Trainees, or the demand for part-time training and less working hours will be an easy issue to resolve.

The elective years give the opportunity to train in a subspecialty for 12 months, though positions are limited. Often those Trainees who wish to remain generalists are seeking jobs which will consolidate and improve their gynaecological surgical skills. Unfortunately, these jobs are also scarce. Many Trainees choose to work overseas for 12 months, which I think is an excellent option.

Following my training, I have opted to start work in the public health system. This has become a more attractive position over the years due to improved pay, increased staff (both specialists and registrars) and options for job sharing and part-time work. Other pros are the lack of having to run a business, pay insurance, worry about holiday cover and generally less on-call work. There is involvement with, and teaching of, PHOs and registrars, which requires a constant updating of evidence-based knowledge.

The downside is not managing and following through with your own patients and, sometimes, decreased job satisfaction. A lack of dealing with the bureaucracy of the public health system is definite a bonus. There are training registrars desperate to perform gynaecological surgery, leading to a lack of surgery for the newly qualified specialist, which is a concern. Group practises means

Continued on page 74