Flexible Training

Valuable experience
With some genuine support this Trainee made her part-time position work

The College should follow Britain’s lead and establish a dedicated continuous application process, transparent guidelines and pathways, and allow for anonymous applications if the goal of flexible training is to be realised, according to Post-Graduate Fellow in Colorectal Surgery Dr Penelope De Lacavalerie.

Dr De Lacavalerie, who passed her General Surgery Fellowship exam in 2012, is currently a Research Fellow in Colorectal Surgery at Bankstown Hospital as part of her training through the Colorectal Surgical Society of Australia and New Zealand. She undertook the last year of her General Surgery training over two years in a job-sharing position at Bankstown-Lidcombe and Liverpool Hospitals in Sydney.

Dr De Lacavalerie said she pursued the option of flexible training following the birth of her first child, Emilo, and her return to work after maternity leave.

“When I applied I was only ten months old, but within two months of returning to full-time training I realised that my expectations of myself as both a first-time mother and full-time Trainee were not working,” she said.

“I wanted to be part of his life, not just see him occasionally, so I applied and was very lucky to have very good, supportive mentors.

“I wrote to the NSW Chairman of General Surgery at the time and fully explained my reasons for requesting flexible training and was very lucky to gain the support of the SET Supervisor and other surgeons at Bankstown-Lidcombe Hospital. In the letter I included details of the South Australian experience with part-time training which is the only stand-alone, part-time training position available in Australia to my knowledge.

“I was informed by the Board that the only way forward to make it work was to find another Trainee to do a job-sharing arrangement. Following this, the College put out an email to all Trainees in NSW and after an interview process a fellow Trainee was selected to share the position.

“Unfortunately, after four months of starting the poor she decided not to continue with surgical training so I ended up with a de facto stand alone part-time position which was kindly supported by my mentors and Senior Registrar at the time. On completion of the first year, another email went out to Trainees offering the job sharing position.

“It was decided by the Board to rotate me to Liverpool Hospital to undertake Head and Neck Surgery training where I shared the position with Dr Gowrininanthan Panchacharavel.

Now a PhD student researching the molecular genetics of rectal cancer at the Garvan Institute of Medical Research and The Kinghorn Cancer Centre, Dr De Lacavalerie received her medical degree in her home country of Venezuela and did her Basic Surgical Training in London before moving to NSW with her Australian husband and entering the SET training program.

Make it easy
She said that despite the support she had received which allowed her to undertake part-time training, there were still significant barriers and a stigma attached to flexible training which dissuaded some Trainees from pursuing the option.

“During those two years and even now, I received many calls from other Trainees whom I had never met asking me how I went about finding a job-share training position because they did not know, given that it is still so uncommon in Australia,” she said.

“All of them wanted to know how it was working out because one of the central issues seems to be the myths that still exist from both the perspective of Trainees and supervisors.

“Trainees fear that they will only be given the boring easy work and discouraged from taking on more complex surgeries because they are not around all the time. Some supervisors and employers seem to think that Trainees who seek flexible training are not capable or less professional.

“When these are all myths.

“I worked 100 per cent every day, and because of the support I received I was able to conduct more surgeries, not less, and at a high level. I had the highest number of major surgeries as primary operator in all my training during the part-time training year at Bankstown-Lidcombe Hospital which puts paid to that myth.

“At Liverpool Hospital it became more challenging to maintain a reasonable work-life balance. That hospital has the largest Trauma Centre in NSW, very busy Head and Neck and Emergency Departments and the usual staffing shortages. While there I still ended up working 50 to 60 hours per week which is not really a part-time arrangement.

“Often I would be asked to work on a change of hours which posed major problems in trying to organise last minute child-care arrangements.

“Still, despite this I believe it is much better to have part-time training as an option rather than see dedicated surgical Trainees leave the profession, but much work still needs to be done to make it better.”

Dr De Lacavalerie said that another central challenge confronting Trainees who wish to take up part-time training was that there was no clear pathway or dedicated officer at the College to work with to ensure that everyone’s expectations were met.

She said in the absence of clear guidelines as to how such positions should work, both Trainees and supervisors were being asked to make up the arrangements as they went along.

“In the UK, you apply through the Postgraduate Deanery in charge of the region, you have clear provisions that must be met and the process is very transparent because it is a right not a favour,” she said.

“In Australia you have to be quite assertive, you have to do the legwork to find a position, you have to design your own business plan or working model and you have to find and win your own support which can be a difficult and draining experience.

“I also think that the UK, the application process should be anonymous because many Trainees are frightened that they will be stigmatised just by making the request and that they will be viewed differently if they seek flexible training.

“I think it is because part-time training just doesn’t fit the framework of surgery as it has developed over hundreds of years, but this needs to change if the profession is to retain capable and dedicated Trainees.

“I have now received medical training on three continents and I honestly can say that the quality of training in Australia is of the highest standard. However, it still has some way to go in terms of making flexible training an acceptable, accessible option and not a special request.”

With Karen Murphy

Next month, Surgical News will talk to Dr Panchacharavel about his experience as a part-time Trainee.