

Workplace reform needed to accommodate parent-surgeons

If surgery is to continue to attract and retain the best and brightest in the modern era, significant workplace reform is required to accommodate the responsibilities of parents, according to Colorectal Surgeon Dr Carolyn Vasey.

Dr Vasey, a Clinical Fellow at the Gold Coast University Hospital, is in the process of finalising a Masters of Surgical Education thesis examining the perceptions of, and barriers to, parenthood which exist in the surgical profession.

Her qualitative research, which has been supported through the RACS's Ian and Ruth Gough Surgical Education Scholarship, is based on responses to a detailed survey and focus groups held during last year's Annual Scientific Congress (ASC).



She said her findings showed that there remain widespread barriers to surgeons being good parents and parents being good surgeons, and that those barriers are heightened for women.

She also said that many skilled, dynamic and talented junior doctors attracted to the profession were unwilling to pursue a surgical career because they could not see a way to combine both their career and personal aspirations.

Dr Vasey said that with women comprising 28 per cent of trainees and 12 per cent of Fellows it is time to dismantle the "taboo" that still surrounds the issue of parenthood within surgery and re-examine a work-place culture that shrouds the subject in silence.

"The dominant culture of tenacity, silence and ambition

that has existed within surgery has meant that parenthood is rarely addressed, despite its significant impact on the lives and career decisions of many surgeons and trainees," she said.

"Female surgeons and trainees have often felt uncomfortable talking openly about motherhood because of concerns around being dismissed by their superiors or colleagues as being insufficiently dedicated, while many men don't want to become the absent fathers of previous generations.

"While this issue has largely been unexplored in an Australasian context, American research demonstrates that there are significant barriers to combining parenthood with a surgical career including unclear or poorly-developed parental leave provisions, limited access to workplace breastfeeding or childcare facilities and systemic training and workplace structures that make combining these two important responsibilities difficult or impossible.

"There is also evidence that reproduction is often delayed by female surgeons until they are in independent practice, that infertility treatments are three times more frequently used in this group and that surgeons are more likely to encounter complications during pregnancy."

After preliminary analysis, Dr Vasey said that her research offered a number of practical solutions and said she looked forward to providing more detailed data analysis in forthcoming publications. Examples of such solutions include:

- Establishing Terms of Reference for accreditation of training experience on a pro-rata basis;
- Providing stand-alone part-time positions, recruited top-down for every specialty;
- RACS pre-booking on-site hospital childcare positions on waiting lists to allow access for SET trainees on rotation;
- Ensuring access to workplace parental leave provisions that are transferable despite board-mandated training relocation;
- Developing return-to-work programs including simulation-based skills training, and
- Designing College fee structures for surgeons or trainees on parental leave or employed part-time which actively encourage new parents to continue to participate in CPD activities.

Dr Vasey said that RACS could drive change both in Australia and New Zealand in this area by developing position statements that could either be used to encourage change within hospital administrations or as enforceable mechanisms representing the minimum standards required to maintain accreditation.

These could include statements requiring hospitals to provide cover for parental leave with equivalently trained and

funded positions, that the core business of surgical units occur within normal working hours, that advanced notice of allocation of training posts be given with more flexibility to accommodate individual trainee needs and that childcare be provided at all surgical meetings and conferences.

Dr Vasey said that where policy does exist, there remained significant gaps in translation of policy to practical implementation across specialty craft groups, hospital networks or states and that a cohesive bi-national approach was needed.

"While not an employer of trainees, RACS and the training boards of its specialty societies are in a position to act to ensure the working conditions of their trainees are fair and reasonable, do not discriminate on the basis of gender or parental responsibilities and are compliant with workplace legislation," she said.

"RACS and training boards regularly inspect hospitals and provide accreditation for training posts.

"My research has shown that a simple way to ensure hospitals and the College are compliant with the conditions set out in the *Fair Work Act and Sex Discrimination Act* would be to mandate recognition of previous service and transferability of leave entitlements from other hospitals and to make this a requirement of re-accreditation.

"This would allow RACS to rapidly improve conditions for

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pregnant trainees and those going on parental leave without having to change current legislation."

Dr Vasey has conducted her research under the supervision of Professor Debra Nestel, Professor of Surgical Education at the University of Melbourne, and Dr Rhea Liang, General Surgeon, Assistant Professor at Bond University and Clinical Lead Breast Services, Robina Hospital.

Her research findings are based on the responses to a 42-point electronic questionnaire which covered themes including surgical responsibilities, timing of children, leave following childbirth, discrimination or impact of having children and perceptions surrounding parent-surgeons.

Themes that emerged from the survey were further explored during focus groups held at the ASC in Brisbane in 2016.

Dr Vasey said she undertook her thesis research to investigate the lived experiences of both men and women within the profession of surgery and to provide an evidence base from which to develop future directions for mature change management.

She said it was time for the profession to ditch the outdated and possibly harmful concept of the "medical martyr syndrome" which glorifies those who sacrifice everything for work.

"Until we have a more diverse leadership that demonstrates

other ways of being a surgeon, the specialty will continue to be perceived as the most gruelling within medicine which potentially produces a range of negative outcomes," she said.

"The Expert Advisory Group report and RACS' response to the culture of surgery including bullying and harassment issues demonstrate a new awareness about the ability the College has to influence workplace culture, behaviour and policy.

"If we can change the culture within surgery in that area, we can change it to reflect and accommodate the aspirations of both female and male Trainees and Fellows who wish to have a balanced, well-rounded life both at work and at home.

"It's important to remember that this is not just a personal desire of a minority within the profession, but represents an obligation to improve workplace practices to ensure basic principles of equality are realised within surgery and that workplace laws are met, all of which will ultimately create better outcomes for our patients and the profession."

The Ian and Ruth Gough Surgical Education Scholarship was established to encourage surgeons to become expert surgical educators and is awarded on the basis of the applicant's expected contribution to surgical education in Australia and/or New Zealand.

– Karen Murphy

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Career Highlights

- 2016:** Colorectal Surgical Society of Australia and New Zealand (CSSANZ) & Association of Coloproctology of Great Britain and Ireland (ACPGBI) Travelling Fellowship: awarded for clinical research on laparoscopic lymphnode mapping to define splenic flexure lymphatic drainage.
- 2016:** The RACS Ian and Ruth Gough Surgical Education Scholarship
- 2012 – 2014:** RACS Councillor and Chair of the RACS Trainee Association (RACSTA)