

Women in Surgery Conference:
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Rohana Mir
Women in Surgery Representative
Cutting Edge

Introduction - Mrs Helen Fernandes

- In the past year WinS has lobbied the CMO and created a national working group for women in surgical training. Recommendations will be out next year.
- New forum out <http://notjustasurgeon.freeforums.org> can be used by anyone from students to consultants to get advice on training

SAS Posts - Dr Laurie Baxter

SAS also known as 'Staff Grade' posts/non-training posts – very diverse (50% female, many are foreign graduates)

- After core training you may decide to take a side step in your career path and pursue other interests e.g. family, research
- Government is making more and more SAS posts, big investment, and recognised in the work place as valued members of the team who contribute to improving patient care
- Both the new contract and the NHS Employers position paper, following consultation on the future of the medical workforce, make it clear that there must be an appropriate balance between service and a supportive environment for learning more flexible careers with better work/life balance
- Also recognises that modular training and a careers approach allows doctors to step in and out of roles as trainees, researchers, academics and service providers clearly defined career roles and pathways

My Life as A Surgeon – Mrs Scarlett McNally Consultant Orthopaedic Surgeon Eastbourne DGH

- Is the mother of four children. Has written a very helpful outline on pregnancy and breastfeeding for the surgical trainee – available on the WinS website and definitely worth downloading as has lots of useful advice for even non-surgical trainees
- Discussed her training experience, the benefits of working LTFT (less than full time) – opportunities to work and slot share
- Attitudes in hospital has changed dramatically over past years – now a lot easier to take maternity leave, can work flexibly
- Highly recommends working on your CV from an early stage and overcoming the hurdles of audit, presentations, publications. Pregnancy and time off on maternity leave can be a time to finish off projects

Tips on having children while being a surgeon:

Pregnancy – first trimester

- This is the worst. You will feel sick, tired and scared. It gets easier.
- Morning sickness is often caused by relative hypoglycaemia: have stashes of food in your locker, clinic drawers, theatre kitchen cupboards, etc.
- Take a holiday. (The second and third trimesters are actually easier.)
- Don't tell everyone until after the 12 week scan. About 20% of these pregnancies miscarry, and it is difficult un-telling the grapevine.
- Only tell the person in charge of the rota. The rota could be adjusted so that you are always on-call with the nicest Registrar, or the most conscientious SHO.
- Start planning – are there any courses you need to do that you could do in the third trimester? (Easier to study than work then, and much easier than having to leave the baby to do a course.)
- If you commute by British Rail, a FIRST CLASS Season Ticket costs only 50% more than a STANDARD CLASS Season Ticket, and you might get a seat.
- Avoid caffeine.

Second and third trimesters

- Tell everyone after the first scan (12 weeks). Have a clear plan, including telling people when you are coming back to work.
- Put up with the benign interest.
- You will be amazed at who is lovely – admin staff fetching cups of tea, patients standing up for you, etc.

Xrays

- Most of the research on this dates from the bombing of Hiroshima . In fact, the amount of radiation you get from working with Image Intensifiers for nine months (0.1mSieverts) is equivalent to a couple of cross-Atlantic flights(1).
- Stand back. Take a flash, not continuous.
- You will have to keep justifying yourself to the radiographers. (I sent a memo.)

Anaesthetic gases

- There is no evidence that these harm the foetus, but it might be prudent to keep away from the head end of paediatric cases, as their circuits are leakier.

Your rights

- You get 8 weeks full pay, 10 weeks half pay, and then no pay.
- “Full pay” and “Half pay” includes overtime payments (and London weighting).
- You can stay off work for a year, and your job must be held open.
- You can start your leave roughly when you like, but save some time with the baby.
- If you are on a rotation, you can choose to return to the same job, or the next one.
- Your Certificate of Completion of Specialist Training (CCST) moves forward by every week that you are on leave after the first three months. (Any Specialist Registrar is allowed 3 months out of the program before his/her proposed CCST date changes.)
- **BE EMPLOYED AT 11 WEEKS BEFORE THE BABY IS DUE, OTHERWISE NO ONE WILL PAY YOU OR HOLD A JOB OPEN.** (Be careful about type of research post for example.) (2)
- Your employer is obliged to do a “Risk Assessment”. Most are too embarrassed.
- If a risk to you or the baby is found, you are entitled to have alternative work found, to drop on-call, or to be suspended, but still to receive full pay (including overtime). In practice, you might have difficulty getting a job recognised for training if looking after trauma cases was a major part of it if you weren't doing on-call. You also should avoid letting your Colleagues feel that you have dumped them in it.
- You accrue Annual Leave and Pension for all the time you are on paid maternity leave (ie 18 weeks). No-one knows what the entitlement to Study Leave is, so try it – it is a lot easier to go away on a course before you have a baby to arrange care for.
- "All employees are entitled to take reasonable time off work to deal with an emergency or unexpected situation involving a dependent" (3).

Breast-feeding

- Breast is best. It does, however tie you to the child.
- You **MUST** introduce the feel of a bottle before the baby is 6 weeks old (eg one bottle/day of expressed milk), otherwise he/she will never take less than the real thing. (Midwives don't tell you this, in case you convert completely.)
- Many babies can mix-and-match. Mum's late home, I'll have the plastic one now
- You can express and freeze the milk. (It takes 20 minutes, and you can store it in the freezer at work, taking it home in an insulated bag at the end of your shift.) You are supposed to be allowed space and time to do this. As we say in the NHS “Yeah, right...”

- You don't need bras with zips in, just loosen an ordinary strap.
- It is very difficult to produce enough milk when you are working flat out. (I have always done night and morning feeds, and expressed when I was on call at those times, to keep the supply going.)
- There is no proven benefit in breastfeeding beyond a year.

Child-care

- Book early. Most hospital nurseries have a 15-month waiting list.
- You need something to back-up when your child is ill, or the care is ill.
- You might want to get granny over for your weekend on-call. Many professional women start breeding just as the in-laws, or their own parents, retire – handy!

	Advantage	Disadvantage	Cost
Nanny	seamless	You do their tax	£ 120 - 300 /week
Nursery	social skills	often 8.30am-5.30pm	£ 80 - 180 /week
Childminder	adaptable	?kid fits into her home	£ 60 - 120 /week

Going back to work

- People like to see pictures. (They like the real thing even more, so pop in for baby to get cuddled.)
- It is like riding a bicycle. Your brain may take a few weeks to ease back in.
- Once you have been up at night with a baby with colic, doing awful clinics is a breeze.
- Avoid that last snotty/dribbly kiss goodbye with your work outfit on.
- Book a holiday for shortly after you get back - you may be exhausted.

Be open-minded - things may not work out

- Miscarriages are common.
- 4% of babies are born with an abnormality.
- Take folic acid.
- Fertility declines with age. If you wait till your Consultant post (no exams, no commuting, on-call from home, “Private Practice” sessions when you go to Toddler-Gym) you may have difficulty conceiving. I.V.F. treatment is hard work.

- Post-natal depression is commoner in professional women – something to do with loss of control. The best Cognitive Behaviour Therapy is probably doing something you enjoy where you are valued (eg working).
- Make time for your partner – divorce is very common (and very expensive).
- Remember that no-one has ever been superwoman. Looking after small kids is a full time job. We are just lucky enough to earn enough money to pay someone else to do it (or the ironing, cleaning, fixing the car, etc.). (Unlike most other women in this patriarchal society...)
- Re-evaluate. Your first plan may not be the best plan.

References:

1. "Pregnancy and work in Diagnostic Imaging." Royal College of Radiologists and the British Institute of Radiology, 1992.
2. "Maternity Rights for NHS Medical Staff." The British Medical Association, 2002. (This is a very helpful booklet.) Phone them, or try www.bma.org.uk
3. "Maternity rights." Department of Trade and Industry, 2001.

Workshop 1 : Flexible Training and Improving Working Life – Janet Walls Consultant Reconstructive Breast Surgeon Manchester Royal Infirmary

- Characteristics of the typical female surgeon – work more clinical hours, exercise more, don't complain of stress, great speciality satisfaction (Frank et al American Journal of Surgery 1998)
- Goldacre has done a lot of research with career choices by medical students – worth looking up
- Practice Plus Trus – is the model of best practice people management. Encourages healthy working, flexible working and retirement. You have a better chance of being taken on by a hospital that is PPT approved, ask deanery about this.
- Advises preparing early on and communicating effectively with your deanery. Less Than Full Time Training (LTFTT) posts are highest in paediatric surgery and general surgery. If you want a flexible training post get certificate for eligibility from your deanery e.g. 12 months before applying for jobs – make sure you get the preliminary paperwork out of the way.
- **Less than Full Time Training contact for West Yorkshire is Dr Ros Roden (Flexible Careers Dean)**
- When applying for jobs tick box on form that refers to LTFTT as people marking your form wont see this. If asked about whether you want to work flexibly at interview say you would answer this once you have secure the post!

- From her experience she recommended having children once you have secured a place in either run through training or after CT2, however many have them earlier or later and do fine. Can't always plan these things! Family support tends to make things easier however many trainees hire nannies to help with child care.

For more information on women in surgery visit <http://www.rcseng.ac.uk/career/wins>
Newsletters: <http://www.rcseng.ac.uk/career/wins/newsletter.html>