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THE AUSTRALIAN

Controversy turns focus on pregnancy and professional training

AMANDA DENNIS THE AUSTRALIAN JANUARY 9, 2016 12:00AM

Trainee pregnancies have significant workforce planning implications and challenges for hospital administrations.

Last week there was a suggestion that a "pregnancy row" had been created following a clearly facetious title for a coming session at the Royal Australian and New Zealand College of Obstetricians and Gynaecologists' 2016 Tasmanian-Victorian annual scientific meeting.

The provocative title for one session — "Membership before maternity leave: should every registrar have a Mirena (a birth control option)?" — was designed to gain attention in a manner that was so ridiculous, it could not be misinterpreted as being in any way advocated, and attention it has attracted.

While there has been some disquiet about raising the issue of pregnancy while training, media attention brought a rise in conference registrations and a flood of support from colleagues who understood the challenges for young doctors in combining parenthood and training, and RANZCOG's clear position with regard to recruitment and supporting flexible training.

Equally as telling, our trainees have demanded that we put this on the agenda.

The conference is centred on discussing the challenges faced by the next generation of obstetricians and gynaecologists, and the organising committee made up of women, most of whom have had children while practising, felt well qualified to lead a debate on parenting during training so our young emerging doctors and specialists are empowered to make their individual reproductive and parenting choices.

Obstetricians and gynaecologists provide advice and support to women and the community about fertility issues generally. Who else is better qualified to lead the discussion, "How do you manage pregnancy and parenthood with a professional life (especially the practical aspects)"?

As a specialist obstetrician and gynaecologist employed in a regional centre in Australia, a university academic and a teacher, a mentor to medical specialist trainees, a prior director of a medical department and a governing council member of the previous area health organisation, I have first-hand experience in issues faced by doctors juggling families, as I am also the mother of three feisty school-age daughters.

Like many working women, somehow I juggle professional demands and family life. I experimented with peppermints to get rid of the taste of morning sickness when running a medical clinic, learned to adjust the operating table to manage the baby bump of the surgeon (me) and worked out how to hide milk let down (leaky breasts) when doing a ward round and another baby cried. I have returned to work with a port-a-cot and a breast pump in my office, breastfed a baby in hospital meetings and travelled interstate and internationally to conferences with baby and sitter in tow.

Specialist medical training programs may be flexible and recruitment may be legislated to be non-discriminatory, but that doesn't change training from being long (six years full-time equivalent), and physically and emotionally demanding with requirements to complete exams, research projects, rural attachments and regular rotations around several hospitals.

In practical terms, this means a trainee on a 12-month attachment never reaches the top of any childcare waiting list.

Specialist trainees are very much aware of the challenges ahead. Women in training often ask their supervisors and mentors, especially if they are women with children: "When is the best time to have a baby?" "Is motherhood easier before or after the exams?" "Can part-time parental leave be combined with a research year?" "Is it easier as a specialist?" "How do you run private practice and still pick up the kids from school?" "Who can mind the children while I do an emergency caesarean?" "If the child minder is sick can I use a carer's day?"

I am involved in the recruitment and appointment of registrars (of whom more than 80 per cent are women). Our assumption is that it is likely most will have children

during training as it coincides with core child-bearing years. The consequence is also that a six-year training course may need to be completed in eight or so years by the time maternity leave, some part-time work and perhaps a research year or a PhD are added.

This has significant workforce planning implications and challenges for hospital administrations. Hospitals require staffing 24 hours a day and specialist training requires much after-hours work. Family and pregnancy-friendly workplaces may need to adjust rostering according to the needs of the individual staff members, but this can lead to resentment from others, perhaps the sole childless registrar who feels saddled with yet more night shifts or the one who is at the bottom of the allocation of holidays at Christmas.

I undertook specialty training in the 1990s and had some uncomfortable conversations, including being called "a good boy" by a senior consultant.

Importantly, however, I also was supported and mentored by eminent leading specialists, men and women.

I am saddened to hear that many of my peers experienced overt hostility and discrimination in their endeavours to be medical specialists and parents, some of this hostility occurring far more recently than I appreciated.

Several of my specialist colleagues, also committee members of the coming Victorian and Tasmanian scientific meeting, were the pioneers of part-time training in Tasmania. Our college, RANZCOG, has led the way in family-friendly training and non-discriminatory appointment processes and the "old boys club" is being fast replaced by the "new age women and men club".

So our conference debate will continue, but under a less provocative title of "Pregnancy and parenting during specialist training" to avoid any misunderstanding of the intention of the discussion.

With open and honest debate by the profession, and the support of peers, mentors, colleges and health services, we can and should assist the next generation of specialists with practical information and a range of options and clear support for their individual choices and circumstances.

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