Career overview

Delivering a great career

For many obstetricians, it is the excitement of bringing new life into the world that first attracts them to the specialty.

Dr Rupert Sherwood, president of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), says one of his favourite parts of his job is seeing the first ultrasound images of a growing embryo. “After 25–26 years [as an obstetrician–gynaecologist], I still get a buzz when I see that first ultrasound image of an embryo at 8–9 weeks, with a heartbeat … it’s a story that you can watch together with the parents”, he says.

The excitement of delivering a baby is also something many obstetricians continue to find stimulating after many years of practice (eg, see Medical Mentor, page C5). Intrapartum care can range from a supervisory role to hands-on involvement, especially in complicated labour or caesarean deliveries.

“"There are still many situations where nature is not a good midwife"

Before the pregnancy, obstetricians are also involved in pre-pregnancy medical care, and after the birth they provide postnatal care, which is defined as care up to around 6 weeks after the birth.

Dr Sherwood says most specialist obstetricians also practise as gynaecologists. “Unlike some other fields where the degree of subspecialisation is quite high, we still have a fairly large generalist workforce and we aim to keep it that way, particularly in rural and regional Australia”, he says.

Dr Sherwood, who practises in Hobart, says that obstetrics allows doctors to use an appealing mix of medical and surgical skills. “I describe myself as an operating physician. [The specialty suits] people who don’t want to do the technical thing all day, but enjoy consulting and medicine as well.”

Junior doctors who are considering a career in obstetrics need to be empathetic, with good communication skills. “Because you are dealing with people at a difficult emotional time in their lives, you need to be supportive and have good interpersonal skills … you can’t survive on technical excellence only”, says Dr Sherwood.

I still get a buzz when I see that first ultrasound image of an embryo at 8–9 weeks

continued on page C2
continued from page C1

Professor Ian Fraser, professor of reproductive medicine at the University of Sydney, says would-be obstetricians also need to have a real enthusiasm for the field so they can handle the often antisocial working hours.

“They need to find the wonder of reproduction and pregnancy and birth and new life something that excites them, because it’s a demanding specialty in terms of time and commitment.”

Obstetricians also need to be able to project an air of confidence, which will inspire confidence in other staff, such as nurses and midwives, as well as their patients — particularly when things go wrong.

“There are still many situations where nature is not a good midwife”, says Professor Fraser. “You need a personality which doesn’t freak out when something unexpected happens. You have to have confidence in yourself, and a calmness in your personality that will extend to the people around you.”

Obstetricians, particularly those in the private sector, often have long-term relationships with their patients over many years, or even over generations. As well as the close care provided during a pregnancy, many obstetrician–gynaecologists will also provide gynaecological care between pregnancies.

“Getting to know your patients and their children and their families over the years, and seeing the children of the women you delivered, or, when you get to my stage, the grandchildren — that aspect can be particularly satisfying. We find that in few other specialties”, says Professor Fraser.

Sophie McNamara

Training as an obstetrician

Training as a specialist obstetrician–gynaecologist involves a 6-year course, run by RANZCOG, after completion of a medical degree and registration as a medical practitioner. The first 4 years provide an overview of obstetrics and gynaecology, with trainees rotating through at least three hospitals including a rural hospital and a tertiary hospital. Membership of RANZCOG is awarded after successful completion of 4 years of training, plus a written and oral examination.

During the next 2 years, trainees complete the elective program, which allows doctors to focus on their own educational interests, such as operative obstetrics. Following this, trainees are awarded the Fellowship of RANZCOG and can begin formal subspecialty training in areas such as maternal–fetal medicine or obstetric and gynaecological oncology.

Dr Sherwood says the training program is competitive, and the standard of applicants high. More than 70% of trainees are women. Dr Sherwood says the College has worked hard to make the training program flexible, with the possibility of part-time training and training breaks.

RANZCOG also offers several courses for general practitioners, including the Diploma of RANZCOG. This course aims to provide GPs with skills to safely undertake non-complex deliveries and basic gynaecological procedures. It is a self-paced course, but all training and assessment must be completed within 4 years.

More information about all the courses is available at www.ranzcog.edu.au, under the “Education & Training” tab.

Registrar Q+A

Dr William Milford is a 4th-year obstetrics and gynaecology (O&G) trainee currently based at Bundaberg Hospital, Queensland

Why did you decide to do O&G training?

Factors which drew me to the specialty included its versatility, with medicine, surgery, emergency medicine and imaging all part of the work. Every day is different. Along with this was the potential to pursue subspecialty areas as diverse as cancer surgery, minimally invasive surgery and maternal–fetal medicine. I also wished to care for mainly young, healthy patients and families during what were hopefully normal life events, rather than just caring for the sick.

What do you like most about your training so far?

I enjoy most of my training but the intellectual challenge of managing high-risk pregnancies, particularly in women with medical comorbidities, is something I enjoy greatly. I also get great pleasure from performing surgical procedures. The three main modalities of surgery — vaginal, abdominal and laparoscopic — require different techniques, which makes operating diverse and interesting. It sounds a bit nerdy, but I particularly enjoy the academic stimulation brought by research and teaching.

What do you dislike or find challenging?

There is no aspect that I truly dislike but challenges are aplenty. Managing patients who have poor outcomes, from miscarriage through to intrapartum complications, is always challenging and stressful, but can be satisfying when done well. Similarly, dealing with chronic conditions such as incontinence or pelvic pain brings its own challenges and frustrations, particularly once the limits of therapy are reached.

What’s next?

I would ideally like to remain a generalist, practising both obstetrics and gynaecology with public, private and academic aspects to my practice. I would like to continue to participate in research and teaching and am currently studying for a masters in public health, which ties into this. In the short term, I’m hoping to find a job in Europe towards the end of next year, preferably in a specialised unit with a research role.

Do you have any mentors or role models?

Probably the biggest influence has been working with and for other trainees early in my career. These trainees provided valuable role models and created inspiration, while setting the standards by which I judge my own practice. Probably my first role model was my father, a practising GP, who used to do obstetrics as well. I remember as a child being taken up to the maternity ward or waiting in the car while he did his ward rounds on the weekend.

Sophie McNamara
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Associate Professor John Svigos is an obstetrician-gynaecologist at Women’s Health Specialists in Adelaide and an associate professor in obstetrics and gynaecology at the University of Adelaide. Since completing his medical degree in 1970, he estimates that he has delivered between 12 000 and 13 000 babies. He was awarded a Member of the Order of Australia for his services to medicine in 2010. He received the highest award from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) — the President’s Medal — in 2008.

“I had some wonderful experiences delivering babies as a 5th-year medical student, which is why I decided to enter obstetrics and gynaecology training. I really owe everything I’ve done in obstetrics and gynaecology to the trusting nature of the women in Woodville, Adelaide, who let a bumbling student deliver their baby.

I still remember the first baby I delivered. It was the fourth baby for an Italian lady. She was screaming and crying — there were no epidurals in those days. After we delivered the placenta and washed the sheets, I was making a cup of tea for the mother and I had this wonderful experience of seeing her with her child in a very serene, Madonna and Child-type pose, having previously been screaming in all sorts of agony. There was this beautiful serenity and peace, and I thought, ‘This is magic, I’m very lucky to have been a part of this’.

I still get that feeling every time. I’ve delivered three babies in the past 12 hours and each was terrific. Every time there’s something different. There’s nothing routine about it. That’s what is exciting about obstetrics.

My practice is a bit biased towards obstetrics but, really, I’m a generalist. I do obstetrics and gynaecology, as well as teaching and working in both public and private practice. I deliver around 250 to 300 babies a year. I’ve also had the excitement of delivering babies for some of the girls I had delivered years ago. That adds another special layer for me.

I teach a whole array of people from 5th-year medical students to midwives and trainee O&Gs. I also act as a mentor to overseas institutions, principally in Bali, Indonesia. I have AusAid funding for three maternal–fetal medicine trainees to rotate through Adelaide for 2 months. I’ve also worked at Vellore in southern India as a visiting professor, and in Penang, Malaysia, as a mentor. I also worked in Cape Town, South Africa, in 1976–1977, which was an enormous challenge for my wife and our three children who were all under 5 years of age. There was outright warfare in the streets because of apartheid. The experience in obstetrics and gynaecology was awesome, while the sociopolitical experience gave us a long-lasting social maturity and a keen appreciation of the freedom we have in Australia. Working overseas has been one of the highlights of my career.

I think mentoring is incredibly important, particularly because we’re becoming more isolated in our practice. As a mentor, you have different roles — you can be a coach, an adviser, a counsellor, a facilitator, or a confidant. You have to be committed and make time for it. You have to be patient and you need to try and take a neutral viewpoint rather than defend those you are mentoring to the hilt. You also need to be non-judgemental — just because they do something that you don’t philosophically agree with doesn’t mean they are wrong.

The specialty has changed considerably over the years. Some patients look up everything online before they come to see you, so you have to give very succinct explanations, almost in competition with Wikipedia and Google. The other thing that’s changed considerably is patient expectations. They’ve gone up, and rightly so. We try very hard to meet them. Technically, we’re required to do many more operations and procedures than ever before. When I first started in the specialty, there was no ultrasound, no laparoscopy — none of the tools that we now have and take for granted.

I might be old but I don’t feel old, and I certainly don’t feel like I’m on top of everything. I’m learning every day. I learn a lot from the people I teach. I was an examiner with RANZCOG recently and I learnt a lot by discussing cases with my colleagues. It was a very rewarding experience.

There’s nothing about the day-to-day activity I don’t like. I don’t mind getting up early in the morning. My dad was a newsagent so I used to get up early and roll the newspapers for him. Even with things like breaking bad news, I think that presents a challenge. Anyone can be a good doctor when everything’s going well; it’s when things are going bad that you develop as a doctor. That’s when patients are looking for that little extra, something to get them through that difficult time. That’s where you’ve got to pull out all stops and give them the benefit of everything you’ve got to try and help them.”

Interview by Sophie McNamara
Careers

Money and practice

Choosing a practice manager

A practice manager can make or break a medical practice

Formulating the job description when advertising for a practice manager isn’t a simple affair, because, in 2011, there’s a lot they need to know.

“The complexities of running a medical practice are significant”, says Brett McPherson, the president of the Australian Association of Practice Managers (AAPM), who is the go-to person for the 2000 practice managers he represents.

Mr McPherson says that while doctors are the qualified experts in practising medicine, practice managers are the experts in managing medical practices.

“General practice is a business; it’s a small to medium business enterprise now and, as such, it requires professional management.”

Mr McPherson says an effective practice manager will be a leader who develops the practice, facilitates change, communicates well and handles thorny issues with staff. They should understand business, basic finance and principles of management.

“The position exists to support and work in consultation with the practice principals in ensuring that the business management of the practice is professional and allows all employees to achieve the business vision, values and objectives”, he says.

When doctors are deciding who to employ as a practice manager, and how much to pay them, there are many different factors to consider, including the size, type and location of the practice.

He says salaries start at $40 per hour, while some corporate practice managers will expect to be paid six figures (see box, left).

Although practice managers need excellent people skills to manage staff, most have very little face-to-face contact with patients.

“Receptionists are doing all the front-of-house work. The managers are really doing the behind-the-scenes running of the practice”, says Mr McPherson.

Practice managers are responsible for financial management, governance and organisation, business and clinic operations, risk management, IT management, human resources management, and marketing and planning.

“These days, as practitioners realise the value of their practice managers, a lot of the time it’s the practice manager that can be the practice’s competitive edge”, Mr McPherson says.

“Doctors want to walk in and work in

How much do practice managers earn?

The average salary of a practice manager in Australia:

- 2011: $66,700
- 2009: $61,186
- 2007: $59,222
- 2005: $53,017

Source: Australian Association of Practice Managers
a well-run practice. They don’t want to be worrying about if their Medicare is being paid or if the equipment is right or if the IT is working. It just all happens — that’s what they want.”

**Implementing legislation**

Mr McPherson says that the government has recognised that practice managers are “agents of change” when it comes to implementing new systems or legislative changes.

“There are a lot of things like Medicare Locals, bulk-billing, electronic health … practice mangers play a significant role in the practical implementation and success of Australia’s health reform”, he says.

Mrs Elizabeth Stanick, practice manager for The Hobart Anaesthetic Group, agrees that it’s imperative for a manager to maintain knowledge of, and comply with, changes in legislation.

Mrs Stanick says practice managers also need to keep in tune with political and economic changes, be aware of the contractual obligations of the practice and have clear financial reporting skills.

The practice Mrs Stanick manages is large, with 29 anaesthetists and 11 staff. The group provides anaesthetic services to about 95 proceduralists at four private hospitals in Hobart.

Although her work is challenging and often complex, Mrs Stanick says there are more highs than lows, and she enjoys the constant learning which is required to keep abreast of changes in the health system.

**Varied role**

Mrs Stanick trained as a nurse in Adelaide before moving into banking. She says practice management allows her to combine her financial and administrative skills with her medical knowledge.

“A practice manager should be able to interact with and influence a range of contacts at all levels, internal and external to the practice”, says Mrs Stanick, who received a meritorious award for her services to the AAPM, which recognises a 20-year involvement.

“It gives the most wonderful scope to use a multitude of management skills, such as corporate governance and organisational dynamics, human resource management, risk management, information management, business planning and financial management”, Mrs Stanick says.

“A practice manager also requires a sense of humour”, she says.

She has been with the group since 1990 and is also a director on its board of management.

“**A lot of people think they can just work in a medical practice, that they don’t need particular skills. But those days are long gone**”, Mrs Fulcher says.

**The average practice manager**

Surveys show that the average practice manager in Australia is female, aged about 47 years and has been in the business for about 5 years, according to Mr Brett McPherson, president of the Australian Association of Practice Managers.

Like many practice managers these days, Mrs Fulcher has a host of qualifications. She has diplomas in management and leadership and in practice management, as well as a Certificate IV in training and assessment.

Elizabeth Stanick also has a diploma in practice management and is undertaking a company directors course with the Australian Institute of Company Directors.

Brett McPherson says that although there is no requirement for specific qualifications, most employers expect that practice managers will hold a diploma in practice management or some sort of tertiary qualification in health management.
Road less travelled

Arab Spring medicine

From Liberia to Libya, Dr Kevin Baker has practised across borders

As civil war spread across Libya earlier this year, Sydney-based anaesthetist Dr Kevin Baker was on the ground treating the wounded and teaching emergency medicine to the locals.

On his 11th mission with Médecins sans Frontières (MSF), Dr Baker spent 6 weeks in Libya from September. He had also visited Tunisia earlier in the year — as the Arab Spring was erupting — trying unsuccessfully to gain access to Libya.

“We set up a series of supply stores of our equipment and established a small clinic on the border with Libya. From there, we tried to gain access but unfortunately after 5 weeks we were unable to do so”, he says.

When he returned to the region in September, he was initially posted to the town of Yafran, in north-west Libya near the Tunisian border, which had recently been taken by the rebels from pro-Gaddafi forces.

He recalls an instance when, during a lull in the fighting, a group of medical, dental and pharmacy students, as well as a few drivers, came into the clinic. Dr Baker and his colleagues began teaching them a series of tutorials on basic emergency medicine such as ABC resuscitation, triaging patients and primary survey.

As they ran through various clinical scenarios, Dr Baker found himself in the role of patient. “At one stage I had about 10 cannulas in each arm, but [the trainees] all practised and they were brilliant”, he says.

With the spontaneous training almost finished, the battle resumed. “We had 60 to 80 people a day coming in with gunshot wounds ... It was just remarkable to watch these kids change from kids to quite professional resuscitators. Even though we yelled at each other and a few tears were shed, it was a great, great experience.”

When he moved up the coast to Tripoli, he again had the same experience of watching people he had just trained put their new skills into action. “It was the most remarkable experience, to be honest”, he says.

Dr Baker says one of the challenges for his newly trained assistants was that the MSF clinic was there to treat everyone, including pro-Gaddafi forces. He says MSF missions are strongly “independent, impartial and neutral”, which can be reassuring from a security perspective.

Although NGOs [non-government organisations] are increasingly being targeted, maintaining our neutrality still remains our best protection.”

Now back in Sydney working as an anaesthetist, Dr Baker acknowledges that working in emergency situations involves a degree of anxiety and does take a toll emotionally. “As you get older, you seem a bit more fragile, realising what an incredible experience you’re going through and what these other people [in the local community] are going through.”

Dr Baker’s 11 missions with MSF have seen him work in Sri Lanka in 1997 during the civil war; Liberia in 2004; Kashmir in 2005 following the devastating earthquake; Yemen in 2008 during the tribal war; Peshawar in Pakistan in 2009; and Gaza last year. Most have been 6–12-week emergency response missions in intense circumstances. “It’s the sort of work that I like doing; a mix of emergency medicine, resuscitation, organising around disaster sites and anaesthesia”, he says.

Dr Baker says most of his work with MSF involves mentoring and training local medical staff and civilians. “We impart our own humble wisdoms and the local doctors often have many wisdoms too — they’ve done some hard yards with limited equipment. “Dr Baker says the medicine can be very basic as well, which “keeps it interesting”. “In some situations we’re just using an OMV [Oxford Miniature Vaporiser] — a metal can with two bits of tubing in place — and that’s the anaesthetic machine.”

Independently from MSF, he and his wife, Liz, a nurse, also worked in East Timor from 1997 to 2000, setting up clinics as the country battled for independence. “We became personally involved and remain closely attached to those who bravely helped and protected us”, he says.

Although Dr Baker says he always knew he wanted to do overseas emergency response medicine, he “got caught up in the vicissitudes of life” and had been practising for almost 20 years before his first MSF mission. He worked in Sydney and rural New South Wales as a general practitioner and then an anaesthetist, and had a brief stint in the army. But as soon as he did his first mission with MSF, he was hooked.

“There’s something about MSF. For some people it becomes like a viral infection in a way. You catch the bug and you feel this incredible need to get back to it again ... It allows you to do something that’s daring, but done with a carefulness and with a group of similar enthusiasts who believe in some humanitarian ethos.”

Sophie McNamara
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Samantha Larmour – Practice Manager
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We have opportunities for broadly experienced doctors to join our growing service in Western Australia. The work is varied and exciting and offers the opportunity to work with a team of other doctors and allied staff servicing a large area of Western Australia.

Flying Doctors
If you are a career doctor or procedural GP with acute care experience, there are opportunities for you to work at our rural bases as traditional flying doctors.
We provide a range of clinical services, including:
- Telemedicine
- Flying medical clinics
- In-patient care
- Aeromedical retrieval

The work is varied and interesting, provides an opportunity to work in the Australian Outback with a team of supportive staff and mix emergency medicine with rural general practice.

GP Registrar (Meekatharra)
A new position has also been created for a GP Registrar at our Meekatharra Base where a wide range of challenging clinical work is accompanied by mentoring by experienced rural RFDS doctors.
Applicants will be involved in:
- Telemedicine
- Routine rural general practice
- Indigenous health
- Chronic disease management
- In-patient hospital care
- Management of emergencies

Whilst a training position, competency in the management of acute care presentations, together with current ALS certification is necessary.

Retrieval Registrars
There are three accredited positions for retrieval registrars at our Jandakot (Perth) base. They an opportunity to experience rotary and fixed wing work, triage acute care cases across a range of clinical disciplines and experience the logistic challenges of retrieving patients across one-third of the continent. Six and twelve month terms are available from mid 2012.

Retrieval Doctors
If you are a career doctor with acute care experience, we also can offer full-time appointments at our rural bases, or in Perth, primarily in medical retrieval.

Staff Specialists
If you are a specialist in a critical care discipline such as emergency medicine or anaesthesia, we also offer full time and part-time opportunities to work in our dynamic Statewide retrieval system. You will participate in turbo-prop, long-range jet or rotary wing retrievals, from locations across the entire State and overseas.
You will also assist in our Statewide Clinical Coordination Centre, handling emergency calls, prioritising tasks and providing clinical advice as well as assisting with ongoing training of registrars and other clinical staff.
Permanent part-time appointments are available after an initial period of full time experience.

Requirements
Applicants must be registrable in Australia with significant postgraduate experience. The ideal applicant for a Flying Doctor position will have a minimum of six months postgraduate experience in anaesthetics, obstetrics and paediatrics, coupled with experience in emergency medicine and experience in general practice. Registrars and staff specialists will also have broad clinical experience.

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Expressions of interest can be sent to medical@rfdswa.com.au or contact
The Director of Medical Services
RFDS Western Operations
3 Eagle Drive Jandakot Airport WA 6164
Telephone (08) 9417 6300

Royal Flying Doctor Service
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