

# The Words of a Veteran Trainee

Dear Sir,

I have previously spoken regarding the state of gynaecological training for obstetrics and gynaecology specialist trainees in Ireland and the need for more consistency and time spent in particular training posts<sup>2</sup>. Now, freshly released with my CCST in hand, I find myself reflecting upon this training scheme, what the whole process means and the personal sacrifices that go with it. I am now a consultant. Nine years spent working in the Irish healthcare system in my chosen specialty, 10 years post qualification. What have I learnt?

I am well trained and independent. A solid worker and clinically sound. I am lucky, or so I am told. I only moved house 3 times, didn't have to go abroad and didn't have the joy of dragging children around with me. I sent an anonymised survey to my fellow higher specialist trainees in my final year as an SpR, containing some basic questions in relation to their training, just to see if their views were similar to mine. Was it just me that thought that our training hospitals had so much to give but the lack of structure within the scheme and the hospitals themselves meant that it frequently went to waste?

Or that the uncertainty of not knowing where I was going to be sent during higher specialist training from year to year left me in limbo land, not to mention the unfortunate lack of mentorship or assistance from some of my more senior colleagues?

I have had many positive aspects to my training, one excellent mentor, the opportunity to work in the best obstetric units in the country, and a welcome amount of operating. However, I have to say that our scheme has room for improvement, with responses that I received from my colleagues reinforcing some views of my own.

The survey invited 60 specialist trainees<sup>1</sup>. Forty responded. The most striking result was the favoured response for more structured allocations, 85% stating this as their preference. The primary reason was relationships, then family and housing. Another question proposed regionalisation. There was a 60:40 split against it. One major issue was the belief that smaller units could not give as much volume or experience as larger ones. However, conversely could offer more long term support, "they know you better". There was a general comments box for all who replied. Helpful suggestions included having a mentor for a prolonged period, shortening the BST training and not sending very junior trainees to more isolated sites early on in their scheme, as well as more scheduled official teaching in the college.

With a response rate of 66%, my colleagues have shown a genuine interest in their training and want to have a real say. Like I did.

The road to the specialist division is tortuous, but lets not forget to listen to our NCHDs and to give them the support that they deserve and need along the way.

### Correspondence

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### **References**

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2. Gynaecology Training for Higher Specialist Trainees in Obstetrics and Gynaecology, a Personal View, N Maher, M Foley IMJ Oct 2015