

Working as a gastroenterologist and hepatologist



This specialty has a good mix of medicine and procedures, and within the specialty itself there are many other subspecialty areas that one can go into for e.g. ERCP, manometry, pill-cam, liver, interventional endoscopy, pH study, EUS, IBD and nutrition. You need good communication skills, e.g. reassurance for patients with functional GI disorders, imparting bad news to patients with new cancer diagnoses and so on.

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New Zealand gastroenterologists and hepatologists talk about the reality of working within this field

Why did you choose gastroenterology or hepatology and what do you like most?

It is interesting and varied. The work ranges from initial consultation through to interventional procedures and offers the satisfaction of being able to diagnose illness by direct visualisation of pathology through endoscopy. One consultant said that he was initially attracted to surgery but then realised that he didn't like surgeons, so chose the most surgical of the medical subspecialties instead. Another consultant chose to pursue gastroenterology because of the affability of the consultants.

What strengths and abilities make a gastroenterologist and hepatologist?

A sense of humour is useful, as is enthusiasm to learn procedural skills - endoscopy requires good hand/eye and spatial coordination. A cool disposition helps when endoscoping acute bleeders. While procedural skills are important it is still very important to have good general clinical skills in this specialty.

As a specialist, can you describe a typical day?

A typical day for a hospital-based specialist might include outpatient clinics, endoscopic procedures such as gastroscopy, colonoscopy and ERCP, ward rounds, inpatient reviews and attending weekly histology and GIT radiology meetings. The work is said to be 'always different, mostly enjoyable!'

What do you think are the future challenges of gastroenterology and hepatology?

The real attraction of gastroenterology is its ability to ride the line between medicine and surgery. However this is also its risk. As a specialty it is under constant threat from surgeons who view procedures as their domain, and from physicians who view gastroenterologists as endoscopic technicians and do not always appropriately refer patients with gastro-intestinal problems. Workloads tend to be high with commitments to both consultative care as well as procedural work.

Other challenges will involve keeping up-to-date with advances in technology (particularly endoscopic procedures) and using this technology appropriately in neither over- nor under-investigating individual cases. Further research is needed into treatments and preventative strategies for diseases such as Hepatitis B and cancer of the colon and stomach. Hepatology faces the challenge of increasing numbers of New Zealanders who require liver transplants, with an insufficient supply of donor organs.

What advice would you give someone thinking about a career in gastroenterology and hepatology?

You should do a rotation as a gastroenterology and hepatology house officer to get a feel for the specialty.

What are future opportunities in gastroenterology and hepatology?

Employment opportunities are as good as those in any other medical subspecialty, particularly if you can bring a distinctive new skill into the gastroenterology department. At present the gender balance in the specialty is uneven and a greater proportion of female trainees is needed. Opportunities in transplant medicine are limited in New Zealand but internationally there is plenty of scope.

What is the work/life balance like?

Overseas experience is positively encouraged and should be expected. Part time training is approved in principle by the College, although you would need to arrange a part time post. Time out could probably be negotiated but would depend on the flexibility of the particular department.

The choice of medicine as a vocation (rather than gastroenterology as a specialty) can impact on family life. Due to the combination of consultative and procedural work, gastroenterology can be fairly demanding. Consultants agreed that it is helpful to have an understanding and committed family. At Auckland Hospital the after-hours workload for gastroenterology registrars is heavier than for those in other specialty areas.

What are the disadvantages of gastroenterology and hepatology?

Liver transplant patients may require intensive registrar input.

When you are a consultant you need to be available on call 24-hours for urgent consultations and procedures. It can be frustrating that there is perhaps a tendency for specialists in other fields to view gastroenterologists as endoscopy technicians.

Any comments on the current training?

Auckland Hospital is said to offer a comprehensive training programme. Completion of research is advised as part of advanced training - this component is not particularly well catered for in New Zealand yet, so overseas work is strongly encouraged. Those who are interested in developing career in liver transplant medicine should work in the United Kingdom or the United States at a large transplant centre after completing advanced training though opportunities to practice this within the New Zealand environment will be obviously limited. Training in both general internal medicine as

well as gastroenterology is encouraged as this will probably improve employment prospects and will help meet the under delivery of specialist gastroenterology services throughout the country particularly in smaller centres.