

Working as a paediatric surgeon

New Zealand paediatric surgeons talk about the reality of working within this field

Why did you choose paediatric surgery and what do you like most?

One specialist described this specialty as ‘the last bastion of true general surgery.’ The work is varied and challenging and requires creative solutions since you are addressing problems not just for the short term, but potentially for the next 70-or-so years of the patient’s life. The specialty covers a broad range of areas including urology, gastrointestinal, non-cardiac thoracic and neck surgery in infants and children.

What strengths and abilities make a good paediatric surgeon?

To succeed as a paediatric surgeon you need to possess a broad range of surgical skills and understand different malformations and disease processes. Communication skills are vital, as is the ability to empathise with children and their families.

As a specialist, can you describe a typical day?

At times the workload can be busy. Paediatric surgeons provide a range of secondary, tertiary and quaternary services and are based in Auckland, Hamilton, Wellington and Christchurch. They also care for patients from elsewhere in New Zealand and from the South Pacific. The surgery is mainly consultant-driven and is largely based across the public hospitals of the region. Paediatric surgeons are increasingly involved in providing outreach services, so the work can entail regular travel to smaller centres to hold clinics and perform day surgery.

What do you think are the future challenges of paediatric surgery?

There are about 15 specialists nationwide, and there is incredible breadth in the tasks that these specialists currently perform. There is also a trend for paediatric surgeons to develop sub-specialty areas of expertise for the rare and more complex conditions. With growing recognition of the importance of providing quality services and equity of access to these services, it is likely that there will be an expansion in the extent of outreach paediatric surgery. In many areas of New Zealand paediatric surgeons provide regular clinics and operating lists to the smaller regional hospitals.

What advice would you give someone thinking about a career in paediatric surgery?

If you are interested in pursuing a career in this field you should first talk with practising specialists and work with them if possible. You will need to complete BST and it would be useful to gain some paediatric medical experience. It is now possible to enter the specialty training programme in paediatric surgery at the end of BST so you should indicate your interest early to:

Chairman of the RACS Board of Paediatric Surgery
c/o Executive Officer, RACS

Spring Street
Melbourne, Victoria 3000.
(phone 00613 9249-1200).

What are future opportunities in paediatric surgery?

One specialist said that paediatric surgery does not require huge numbers across Australasia, but that surgeons who show promise are always able to gain employment. It is projected that there will be a shortage of paediatric surgeons in Australasia from 2005. The process for selection onto the specialty training programme is rigorous and fair, with the top three or four candidates getting selected over each of the last 2 years. Historically, New Zealanders have had a high success rate getting onto the specialty surgical training programme in paediatric surgery.

What is the work/life balance like?

Many paediatric surgeons have successfully taken time out to start a family during training and the Board of Paediatric Surgery has allowed part-time training in several instances. Travel is an important aspect of training - you cannot expect to complete your entire training period in New Zealand and it is likely that you may spend up to two years in Australia. The Board of Paediatric Surgery will organise this for you. Worldwide there are many reputable training centres for post-fellowship registrars and New Zealand graduates are very highly regarded. Specialists agreed that it is useful for you to become familiar with the international community of paediatric surgeons since this community is relatively small and most paediatric surgeons know each another.

One contributor commented that travelling around the world after gaining fellowship can be unsettling and may affect your financial circumstances, but that it is also interesting and provides you with international contacts that will remain for the rest of your career. Most of the recent graduates in paediatric surgery have spent two years of training overseas. Consultant paediatric surgeons recognise the importance of maintaining a good balance between work and family.

What are the disadvantages of paediatric surgery?

Huge breadth of expertise is required as the specialty covers urology, general surgery and non-cardiac thoracic surgery (although most surgeons see this as a positive feature). You must be careful not to overlook details or symptoms: infants and children recover quickly but they can also deteriorate quickly. There is less margin for error. You regularly encounter new and unfamiliar cases and rare conditions, which is part of the challenge of the specialty. On-call commitments can be 1:3 or 1:4 since there are relatively few paediatric surgeons, although it is unusual to have to work after midnight (most children have gone to bed by then).

Any comments on the current training?

One specialist said that the training period is long and hard but that it is worthwhile if you enjoy the work. You should take opportunities to travel. If you are interested in pursuing the specialty it is recommended that you contact one of the paediatric surgeons for an informal discussion.