

Women in orthopaedics: the trainee experience

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The proportion of female trainees applying to orthopaedic specialty training at national selection remains low when compared with their male counterparts. These proportions do not reflect those of the graduates leaving medical school. There is no doubt that the number of female orthopaedic trainees has increased over the last few years, and that this is slowly leading to an increase in female orthopaedic consultants.

There are a few theories as to the discrepancy in the number of female orthopaedic trainees, and these can broadly be divided into issues relating to recruitment and retention. Early years experience and exposure to orthopaedics have a significant impact on the recruitment of women to orthopaedics. Factors affecting retention are fairly broad, but there are significant issues relating to

women taking time out of programme either for parental leave, academic or other clinical activities. There are also challenges related to pregnancy and juggling family life with training.

Barriers to recruitment

On the whole, female trainees with an enthusiasm for orthopaedics are welcomed into the specialty by their consultant trainers. One of the concerns is the role that other (non orthopaedic) medical professionals play at various stages in the medical student and junior doctor career path. They are frequently guilty of perpetuating the negative orthopaedic stereotype and deterring trainees from an interest in orthopaedics. There exist misconceptions regarding women's abilities to manage a family alongside a surgical career, often used to dissuade women from pursuing the speciality. Although challenges certainly exist, as detailed later in this article, strategies are being developed to improve trainee experience. There are also unfortunately still those who would cite a woman's size and strength as a reason not to enter into the career.

Another concern is the time devoted to orthopaedic placements in the medical school curriculum. With the absence of significant exposure to the speciality, students rely upon the experience of their other lecturers/clinical supervisors and the unconscious bias that exists in general culture, to form their opinions about orthopaedics as a career. Whilst this limits our recruitment of both male and female trainees, it is certainly a significant contributor to the lack of recruitment of women.

There remains a perception amongst some women that they must be better than all of their male counterparts in order to succeed. Whilst striving for excellence is important, one should not need to be better because of one's gender. This perception is reflected by the phenomenon at national selection that female applicants, although proportionally fewer, perform better and therefore are disproportionately more successful as a group.





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Pregnancy and parenthood as an orthopaedic trainee

Pregnancy is a physically and emotionally difficult time for many women - it is unusual to breeze through without any issues, and the demands of working and training in orthopaedics certainly add to this. Even in an uncomplicated pregnancy, symptoms that are often considered to be par for the course (nausea and vomiting, exhaustion, fainting, pelvic girdle pain), can be seriously debilitating, particularly in busy clinics, long operating lists, on-calls and night shifts. Whilst exposure to radiation can be minimised by wearing double lead aprons and standing in an appropriate position far away from the beam, some (but by no means all) trainees will choose to avoid radiation exposure altogether and this must be respected¹.

The practical demands of operating become even more challenging in the third trimester, when increasing bump size makes it uncomfortable to stand for long periods, to wear lead aprons that fit properly and comfortably, or even impossible to safely reach the operating field. Temporary or sometimes long term adjustments may need to be made to a trainee's job plan or adaptations to the workplace environment, for example stopping on calls, having a stool available in theatre to allow sitting or perching for longer cases where possible, providing an additional assistant, avoiding operating lists where radiation is essential if that is the trainee's wish.

Early discussion and proactive risk assessment with clinical/educational supervisors and managers should be encouraged so that changes can be facilitated within the department with minimal impact upon clinical activity. Operative numbers and experience attained can suffer during

pregnancy, particularly if long periods of sick leave result, but this can usually be made up in subsequent rotations. It is a common experience that pregnancy whilst working in orthopaedics is not easy, but good support and understanding from supervisors and managers with mutually agreed adaptations do help to smooth the ride.

Parenthood, for anyone, is a life changing event. Priorities for parents in orthopaedic training often quickly shift from a heavy emphasis on career to that of carer. Whilst some may still equally prioritise career and carer, others, depending upon their family circumstances or through choice, prioritise their new dependent over career. It is this juncture that is often challenging for a new mother in orthopaedics. Sadly, the orthopaedic culture still has some way to go to see these choices as acceptable and appropriate rather than as a lack of dedication, despite working regulations changing in attempts to level the playing field.

Practically this translates to poor attitudes amongst trainers and colleagues around working less than full time which is still considered a nuisance. It can result in a lack of time to read or keep up with extracurricular activities and having to arrive late or leave early for childcare reasons. The lack of flexibility for childcare and special occasions, the length and location of training, and an ongoing mental grapple about priorities and how they are perceived are further difficulties experienced by parents, largely mothers, in orthopaedics.

There needs to be a cultural shift towards acceptance that motherhood in surgical trainees does not result from a lack of dedication to one's career, and that being a mother and successful surgeon - whilst an often challenging combination - do not need to be mutually exclusive. >>



Out of programme experiences: academia

The decision to extend the already lengthy duration of orthopaedic training, for academic or personal reasons, is not one taken lightly. With an ever-increasing need to be competitive, every year a proportion of trainees take time out of programme (OOP) to undertake formal research (OOP-R). In so doing, these trainees are committing to up to three years of additional time to training. Whilst most regard their OOP-R as time well spent: strengthening their Curriculum Vitae, establishing connections within their chosen subspecialty and gaining in-depth understanding of research methodology, there are inevitable consequences too. Similarly to consequences faced taking parental leave, these relate to funding, surgical skill maintenance and returning to programme.

Funding can be challenging and competitive to secure. Wages may require supplementation with additional on call locums and juggling the two can prove challenging and unpredictable. Having said this, trainees employed under the 2016 junior doctor contract, who return to training having completed an approved higher degree, become eligible for a £4,000 per annum academic premium, in addition to their basic salary, so as not to disadvantage those seeking academic opportunities².

As a craft speciality, many individuals returning to orthopaedic training following an OOP-R

report feeling deskilled in the operating theatre, or out of practice at managing the pressures of intense on call shifts or busy outpatient clinics³. Recently implemented 'Return to Training' (RTT) initiatives recognise this, however, and lay out a series of provisions designed to ease reintegration. For example, during the OOP, trainees are encouraged to participate in 'Keep in Touch' days, which may include supernumerary sessions in theatre or clinic, with a dedicated supervisor or mentor⁴.

Academic training can be exceptionally rewarding, but good planning, a carefully selected project and supervisor and a willingness to dedicate time, energy and enthusiasm to the work is essential. The academic environment is very welcoming to women, but they remain underrepresented in the field and the issues discussed may be compounded if the trainee has already been confronted by them for parental reasons. The challenges faced are starting to be recognised with national initiatives to support returning trainees. Half the battle is making trainees and their supervisors aware of the support available to them.

Conclusion

The number of women in orthopaedic training are on the rise, albeit slowly, and the experiences they have through training are improving. This article gives an overview of

current experiences and summarises some of the outstanding barriers that female trainees face. Although some of these issues are not necessarily, on the face of them, unique to women, the reality is that many of them affect female trainees to a greater extent. By identifying and addressing these (sometimes subtle) barriers, orthopaedics as a specialty can ensure that it recruits and retains the best possible trainees, irrespective of gender. ■

References

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