

## **The Journey of a SIMG: Case study – Mikko Larsen**

### ***FRACS Obtained 2018***

Prior to emigrating to Australia, Dr Mikko Larsen completed advanced training in plastic, reconstructive, hand, breast, and aesthetic surgery of the face and body. He was trained by world-renowned surgeons in their respective fields in The Netherlands, Belgium, USA, Brazil and Australia.

In 2016, Dr Larsen relocated to Australia and completed a year-long microsurgery fellowship program in Adelaide before settling in Launceston in 2017. He was awarded Fellowship with the Royal Australasian College of Surgeons (FRACS) by Examination in December 2018 and now works as a staff specialist at the Launceston General Hospital (LGH), and in private practice in Launceston and St Helens.

Dr Larsen is the Honorary Secretary for the International Confederation of Plastic Surgery Societies (ICOPLAST), and the Honorary Treasurer for the Australian Society of Plastic Surgeons (ASPS).

### **Interview with Mikko**

#### ***Mikko Larsen reflects on his experience.***

In my case, the pathway was slightly different in that I wasn't officially being supervised. I was required to undertake an extra year of training in Australia and the microsurgery fellowship in Adelaide counted as that. So, I was being assessed the same way as a trainee would be assessed with the same three-monthly meetings, and the same requirements in terms of completing operative feedback, clinical exams, and participating in audits and multidisciplinary meetings. That was actually also part of the weekly teaching roster alongside the SET trainees in Adelaide. For all intents and purposes, I was a trainee, but my job was to be the microsurgery fellow. I was employed as a fellow but in the eyes of the college I was a trainee and once that year was up, I submitted the final paperwork.

The only actual pathway I was then on, up until passing the fellowship exam, was the specialist pathway, but I was able to commence my employment as a specialist plastic surgeon in Launceston. For AHPRA, I was under supervision so my colleague, Michael Thompson, was my supervisor but he didn't have to submit any supervised practice type paperwork. It was just, as far as I remember, an annual thing.

I was on a four-year visa, and had done my year in Adelaide. That got me past, as far as I think the college was concerned, all of their requirements for the exam. And actually, for me, it was perfect. It was the best thing that happened to get this year and Adelaide where I could focus on learning, not being a primary responsible person. As a fellow you're always under consultants. I'd worked for years as a consultant in the Netherlands and some people might take issue with

them being put down a rung and being a fellow, but for me, it was the best thing that could happen. I had all the freedom to focus on the microsurgery cases and everything else that came through the door. And also, to really feel a part of the trainee team, and be accepted by them. They knew I was not going to stay in town and was never going to be any competition for them, so it was really easy for me to get access to all the resources and training and supervision and support during that year. It got me exactly where I needed to be, in terms of knowing what to expect for the exam, and really getting myself on track for studying for the exam. I'm really grateful for how that turned out.

The recommendation [of one year training] was more or less the brainchild of Mark Ashton, who sat on my panel with RACS IMG assessment at the time. It's hard to compare myself to other IMGs. What I kind of see is that there are a few that have had many years of experience and have built up a great reputation back home. I had a really broad practice and a lot of training and fellowship training in multiple areas, but I didn't have many, many years of experience under my belt. I'd been a consultant for two years when I applied for my job in Adelaide and I'd been a consultant for five years by the time I started working in Adelaide. So not heaps and heaps of time. That made it easier for me to take a step back and to be a fellow and to accept the recommendation to sit the exam. For me, that was never an issue and never question of whether that was fair or not. I always accepted that was totally fair. So it's hard to compare myself to other IMGs, who may have had ten, twenty years of experience and they feel like they kind of deserve to be called fellows of the College of Surgeons outright. Having gone through the rigorous process and having sat the exam twice, passing the second time, I feel it's only really fair that that they are held to the same standard as everyone else who is a fellow of the college.

***Were you aware that ASPS existed while you're on your microsurgery fellowship?***

Yeah, I was aware but I didn't know that ASPS actually ran the training program alongside RACS. Even while I was a fellow, I wasn't aware of that. I never thought of joining ASPS until I passed the exam because that was what I remembered from the Netherlands. You can't be a member unless you're a plastic surgeon, you can be a sort of associate member if you're a trainee, but I wasn't really an Australian trainee.

***Is there any other support that would have helped you? It sounds like you had, compared to some others, quite a positive experience. Were there any barriers at all?***

My main hurdles were really on a personal level where I came to Australia as a recently single parent. I still had quite a few financial commitments to tend to with house renovations and things like that back in the Netherlands. So that was just one of those things that made it extra hard.

But then all my other supports over here have all been fantastic. I would really like to single out Mark Ashton for his fair assessment and the advice that he gave at that time; Yugesh Caplash who was director of the Adelaide unit for taking me on as this fellow; and Marcus Wagstaff, who was my fellowship supervisor in Adelaide. Then there was Paul van Minnen, who is a Dutch

trained plastic surgeon in Adelaide who'd gone through the same journey about four years ahead of me. He was really helpful in practicing exam questions and showing me the ropes and giving me lots of tips and tricks. And then alongside all the trainees and friends I made in Adelaide made a huge difference. And then coming here was really the time where I had to knuckle down and the LGH supported me a lot, allowing me to use all my spare time when I was not operating or consulting to study.

My colleague here, Michael Thompson, helped me a lot to train for the exam and the person who initially hired me was Gary Kode. He's the one that was the head of the unit in Launceston, who had faith in me and hired me all the way back in 2013, and kept the job open while I was jumping all these hoops. He would know because he's one of the first plastic surgery IMGs to come through and he had none of that support. He didn't even know the syllabus for the exam. He was completely in the dark. No one even told them that you could bill a hospital for call backs. He had no support at all so he was a really big help.

I think it's really important to have those supports. Gary in particular was really vocal. They had a job opening here that they couldn't fill with any locally trained people and so I was hired as area of need specialist. They advertised overseas and that's how I found the job in Launceston. For the college to initially deem me as non-comparable and put a barrier up, that caused a bit of a stir. But let's just conclude that it's very important, I think, to have official and unofficial support when you're embarking on this process.

***When you applied for the job in Launceston, had you always had it in your mind that you wanted to emigrate to Australia?***

I'd grown up in many different countries and moved around a lot as a kid wasn't really bound to one place. My family is half Norwegian, half Dutch, I feel a bit more at home in the nature side of things like in Norway. I was about to work there when I actually started working in Belgium and then the Netherlands. But I did feel at that time that it was early in my career and that there might be one more move in me. I knew from friends and colleagues that working on Australia was great, career wise, and raising family would be great as well. I had no idea how hard it would be to find a job here. Looking back, I was extremely lucky that there was even a public job advertised internationally for plastic surgery. I haven't actually heard of any, being advertised like that ever since then.

It wasn't Tasmania in particular, I was just looking for a job in Australia. But it turns out Tasmania suits me extremely well and it's the best thing I've ever done, moving down here.

## **SIMG survey responses**

### ***How does your surgical training experience in your country of origin, differ from your training experience in Australia?***

Training in Europe is generally a little less broad in scope, and much less in-depth regarding extent of knowledge one is expected to retain. Exit exams reflect this difference.

### ***Can you outline the process of navigating your pathway in Australia?***

RACS were clear with me from the outset what was required, once I was on the pathway. One hurdle I faced was my interview with the RACS appointed speciality chair for IMG assessments, which initially resulted in an unfavourable outcome, but I was successful in appealing that decision and was granted a second interview with a new panel, when my training was deemed 'partially comparable'. I needed to complete one more year of advanced training, which I undertook in Adelaide, while preparing for the Fellowship exam.

### ***What has happened since you gained your FRACS?***

I have grown a private practice while working as a staff specialist at the Launceston General Hospital. It has been great!

### ***Do you have any advice for the next generation of SIMGs?***

Seek help - I could not have gotten through the process without support from ASPS colleagues, nor without the regular face to face teaching and exam prep I had in Adelaide and Launceston.

### ***While you were a SIMG, which resources would you have accessed if they were available to you?***

SET conferences attendance including mock exams; Invitations to member-only webinars

### ***Can you provide your own reflection on your SIMG experience?***

The beginning was surreal, having my training assessed as non-comparable. However, I then gained the support of the right people and in the end felt very happy and confident going through the Fellowship Exam.