

The Journey of a SIMG: Case study – Rodrigo Teixeira FRACS Obtained 2014

What prompted your move to Australia?

I came to Australia to do a fellowship. When I was finishing my training in Brazil, I had a work opportunity in São Paulo, and I was going to do a fellowship there in craniofacial surgery. But then an opportunity opened to return to my hometown, and there was a little bit of pressure involved not to miss out. So, I decided to take that opportunity, which I later regretted because I really wanted to do a fellowship. When I was working in the countryside, I thought, if I'm going to do a fellowship, maybe I'll go overseas, and I looked at the options available. There was an advanced aesthetic plastic surgery fellowship with the Melbourne Institute of Plastic Surgery, with Graeme Southwick and Morris Ritz. I applied for that and was offered the position.

Before coming to Australia, I worked a little in Brazil for about 18 months after finishing training. I used to work in the Burns units. Over there, you spend 24 hours in the unit, so it's like an onsite shift type of work - that was in the capital. The other days, I worked in the countryside, which was very interesting because the local hospital was not well resourced, and I had to buy some instruments with my own money to be able to perform surgery. I was also doing some pro bono surgery, so it was a very humble beginning, I guess, helping people in need and doing burns surgery.

Then I got the fellowship opportunity to come to Australia, and I was very excited about that. I came in February 2007, and I was really surprised by how warmly welcomed I was. I was picked up at the airport, they helped me organize accommodation, and I was well received at the fellowship by all the surgeons there. I learned so much. That was a bit of an eye-opener because Brazil is very good, but I hadn't experienced that genuine, warm kind of welcome like I had here.

During that first fellowship, I worked with Andrew Greensmith. He was a consultant at the Royal Children's Hospital at the time, doing craniofacial surgery. One day, I was assisting him in private, and he said, "I'm doing something craniofacial reconstructive on Saturday. Would you like to come along?" I said, "Yes, I would love it!" On the day, he said, "By the way, our fellow that was coming is no longer coming. Would you be interested?" So, the position became vacant. I said, "Oh, wow, you won't believe it – I was going to do a craniofacial fellowship in Brazil and then ended up returning to the countryside instead, and now you're offering me the opportunity to do what I originally wanted to do. That's amazing!"

The craniofacial fellowship was meant to be six months only, just as a cover because they didn't have anyone, and then the next fellow also withdrew, so I was there for another six months. I ended up doing a full 12-month craniofacial and cleft surgery fellowship. After that, I did another fellowship in general paediatric plastic surgery and paediatric burns, as I had some experience in burns before. In total, I did two and a half years of additional fellowship training, and at the conclusion, I was offered a job in New Zealand as a locum consultant. It was meant to be for 12 months, but they had to make some changes to the job duration, making it shorter, which made me reconsider it and decide to go back to Brazil to start my career.

When I went back to Brazil, I attended the craniofacial conference in Oxford to give three talks about the work I had done at the Children's Hospital. I met a professor from the University of São Paulo, and he offered me a job. I felt very lucky because there always seemed to be an opportunity wherever I went. When I returned to Brazil, I was working with craniofacial and cleft surgery again and was the fellowship training supervisor. But that wasn't in the town where I was living, so I went back to my hometown, where

I had started a practice. I was traveling between the two towns when I suffered a serious car accident. That made me rethink the travel between the two cities. Also, I couldn't do craniofacial cleft work back in my hometown because it's a small town and they don't have those services there. At the same time, my wife was missing Australia desperately, and I quite liked living here, so we decided to see if there was an option for us to return, this time permanently. I had previously applied to the college and had an interview, so I knew exactly what was required.

I think the interview was good. It was a very fair process. They analysed my documentation well, but I also made a good effort to provide as much evidence and documentation as I could. I think it's crucial to take the time to prepare because it's such a different language and system. If you don't take the time to ensure they have everything needed to assess your application, it can work against you. If I were advising someone now, I'd say it's going to be a lengthy process, and you should manage the initial steps carefully. The interview was very fair, but I was expecting a better outcome, so I was a little disappointed when they said that two years of supervised training would be required and then having to sit the exam. But I also knew that no one would be offered qualifications in Australia without going through it. So, although I hoped for better, my expectations were managed. Managing expectations is key. I received the interview outcome before going back to Brazil, and I thought, I don't know if I want to go through that process of more training and sitting the exam again. Another two years and then the exam seemed like a long road. After doing two and a half years of fellowship, you really want to start working. I had my wife, and then you want to have kids, so I think that was one of the factors why we went back to Brazil.

But life is full of surprises, and then we came back. I got a job as an unaccredited registrar at the Alfred, which was a very humbling experience for me. I think I didn't come with the right mindset. After you finish, settle, set up your own practice, start working, then do fellowships, and then return, it's different. When I went back to Brazil, I worked there for two years. I was the surgeon doing the most hours in craniofacial at the hospital. I was handling complicated cases and training the fellows. To go from that to being an unaccredited registrar is very humbling, and what's expected of you is very different. I think I didn't perform as well as I could at the beginning. I remember having a feedback meeting that was tough, but I tried to see what I could do to improve and why I wasn't performing at the level they expected. I reflected on what they really wanted me to do and thought, perhaps I'm trying to be too much of a consultant and not enough of a registrar. Let's focus on the basics and do the things that you know. With the help of the residents, other registrars, and some consultants, I think I turned it around. In the end, I was offered another job as a burns fellow.

It was a new position, with the state burns services. I spent half of my time at the Alfred Hospital, handling adult burns, and half at the Children's Hospital doing paediatric burns. The Burns fellowship lasted 12 months. That's when I sat the exam. In the lead-up, I didn't have a study group; I studied by myself, but what really helped me was having mentors like Michael Leung and Heather Cleland. Heather was the director of the burns service at the Alfred and Head of Unit at the Royal Children's Hospital. Mike was the Plastic Surgery Head of Unit at the Alfred. They always told me how tough the exam was, especially for overseas-trained surgeons, so I put in a lot of effort to prepare as best as I could for it.

They hold the exam over the weekend, and then on Monday, there's an event at RACS where candidates attend and receive their results. The registrars who sat the exam don't work that Monday because they go to this session to get their results. I wasn't expecting to pass on my first attempt, so I didn't bother going; I went to work instead. I was the only registrar left because everyone else was sitting the exam at the same time as me. Well, you know, someone needs to go to work; we can't have the Alfred Hospital without a registrar, so I went to work. I was having lunch when I got a call telling me I had passed. It was amazing.

Did you have any negative experiences, or would you say overall, it was a really positive experience?

I had negative experiences, but that's part of life. I was raised to believe you've got to overcome challenges. You have a bad day – well, everyone has a bad day sometimes. It's about what you're going to do about it! Being a doctor and a plastic surgeon is a privilege, and it comes with a lot of responsibility. You've got to have high standards. In Australia, there is a lot more discussion about standards. There's extensive training in how to supervise, deliver feedback, be inclusive and culturally sensitive, and support others. I probably had a lot more exposure to that here than I would have had in Brazil. In Brazil, it was more hierarchical – more of a “do as you're told” approach.

How does your surgical training experience in Brazil differ from training in Australia?

In Brazil, there are more opportunities for aesthetic surgery training. I think they're working on that here, to create more access and structured training in aesthetic surgery. When I came here, I noticed a significant division between reconstructive and aesthetics. Brazil, on that note, was a little bit different – they tried hard not to separate the two and see plastic surgery as one field. It's like two sides of the same coin. They go hand-in-hand together. However, I think the training in Australia is very comprehensive and broad – second to none. I think it's one of the best places to train in the world.

Another great advantage of the system here is that you're a registrar of the College and have rotations. That gives you the opportunity to go to different hospitals and gain more variety of experience. If you go to a peripheral hospital, you may get a bit more minor trauma, hand surgery, and skin cancer work. When you go to a larger hospital, you may see more complex trauma and subspecialised services, and then you can go to a hospital with a burns unit. This system gives you an opportunity to receive the best training. In Brazil, you're a registrar of the hospital for all your training, and it's up to that hospital to have agreements with other centres to complement the training, like a burns unit, a paediatric hospital, or something similar. There are rotations, but they're shorter, and you always end up coming back to the main base hospital. I think the US has a similar system.

If somebody new is coming into the country, is there any other advice that you'd give them?

I've been an International Medical Graduate (IMG) and an IMG supervisor, so I've experienced both sides. One of the difficulties for IMGs is that they come here and are based in a single hospital, similar to the system in Brazil. IMGs are offered a job in a hospital, and it's very difficult for one hospital to provide all the training and preparation required because there are no systems in place to support that. Most of it depends on networking, the supervisor's contacts, and informal favours. This makes it a bit harder.

In addition, IMGs need to complete a specific number of cases in each category. But if they're based in a single hospital, it may be very hard to get exposure to some of those categories. Supervisors struggle with that as well. For example, IMGs are most likely employed in public hospitals, so where are they going to get their 20 cases of aesthetic surgery? There's virtually none in a public hospital. If a public hospital doesn't do head and neck, or other specialisations, it becomes very difficult to achieve those targets.

If I were giving advice to someone, I would say it's probably better not to focus solely on what you want, but rather on what you need to do. If you get a job offer that may not be exactly what you wanted but gives you the best preparation for the exam, maybe you should consider it. The requirements are very specific, and to have the best chance of passing the exam, you need to make sure you cover the entire

syllabus and have broad experience. If it were ever possible for IMGs to go on a rotation basis like the registrars do, that would mitigate some of those challenges. That's one of the main barriers, I think.

Also, it's important to understand that it's a different system, a different culture, and the exam is different. Having passed an exam in your own country doesn't mean you're going to pass it here, even though you may be very well trained, knowledgeable, and experienced. You really need to understand how things are done here, what the expectations are, and focus on that.

When did you pass the exam? How long ago?

That was in 2013, and then I finished the period of supervision in February 2014.

Did you open your own practice straight away?

No, no, no... I started by working in four public hospitals, doing only public work for a couple of years, and doing lots of on-call work. When you start, you take any opportunities that come your way, and before you know it, you're doing too much. One of those hospitals, the Royal Children's, was always my dream job. Ever since I was a fellow there, I thought, if I ever live in Australia, that's where I would like to work. And thankfully, I'm there as a consultant now, and I don't see myself ever leaving unless they give me the boot.

I also worked at the Northern Hospital, which experienced a period of instability when the unit lost a lot of consultants in a short period. I started working there towards the end of that time, and we ended up with only three surgeons for a service that used to have nine. It was very hard to cover the on-call roster, and it's a very busy unit. They advertised for a head of unit for more than six months, but it was hard to recruit. I tried to help by calling some of my mentors and asking if they knew anyone who might be interested. Some of them said, "Why don't you do it? You would be a good head of unit." Initially, I thought, "Oh no, even though I've finished training a while ago, it hasn't been that long since I got my qualifications here, and I'm still finding my feet." But they said, "No, no, you'll be fine." They ended up talking me into it, so I put my hand up, and they gave me the job. It was the same year we became Australian citizens, so it was a very nice year for us. That was back in 2016, and I was head of the unit for six years.

With the help of my peers, we rebuilt the unit. All the consultants helped, but I must make special mention of Nigel Mann. He was always the person I went to when there were complex issues; he is very good at offering fair and balanced opinions. When I left, we had eight surgeons, a fully functional unit, good culture, and good training. I never expected to be given that kind of opportunity, especially as an IMG. I guess we sometimes see ourselves as outsiders, but maybe that's just in our minds. I'll be forever very grateful for that opportunity, that's for sure.

Final Thoughts

Australia has embraced us and welcomed us so well that we truly feel part of this country and see it as our home. It's where our children were born. I think it's a very fair country, and I love the culture. I feel it's one of those places where if you do your part and put in the hard work, you'll be rewarded. It's a wonderful society to be part of, and the professional environment is the same. This commitment to continuous improvement, ethical practice, evidence-based medicine, safety, and standards – these are all strong values here, and it's a great place to train, whether you live here or come temporarily for a fellowship.

We receive fellows at the Children's Hospital every year from all over the world. Most, if not all, of them have great experiences and go back with a wealth of knowledge and skills, which they hopefully share with other surgeons back home.

I enjoy being active with the Society and participating. Currently, I am helping to organize the rhinoplasty session at the next ASAPS annual meeting, and I am part of the faculty for the AFI (Anatomy for Injectors) and the MAFAC (Mendelson's Advanced Facial Anatomy Course). It would be nice if I could continue contributing to education and aesthetic surgery training too. Even though I do a lot of reconstructive surgery, performing cleft lip and palate surgery at the Children's Hospital and caring for skin cancer patients, I also do aesthetic surgery because I firmly believe that plastic surgery should be a unified field. I think it would be good to see more of that approach and to ensure a bit more training in this area. The training here is already excellent; you don't need to reinvent the wheel, just a few tweaks here and there. Continuous improvement is the professional development commitment I've experienced here. That's the attitude.

September 2024