Super-specialisation and the death of the generalist

Change brings progress, but can also reverse progress gained. In obstetrics and gynaecology, specialisation and sub-specialisation has meant that the 'generalist' may be disappearing.

What can the generalist offer? A large range of skills that contribute to the care of a very large percentage of the world's population – quite possibly the majority of the world's population that is served by an obstetrician and gynaecologist.

What skills can the generalist offer? Certainly a range of operative procedures. These procedures are learnt through repetition, and in the early stages of professional development this requires supervision by a suitably skilled teacher. But if there are fewer teachers with that skill, the skill will die.

This is as true of vaginal surgery as of anything. So often older members of a department have held the banner of pelvic surgery, and juniors and sometimes even junior consultants have competed for their instruction. The reason that obstetricians and gynaecologists of more mature years have excelled in vaginal surgery is that it has generally been badly taught in training programmes for decades, meaning that extra time after becoming a consultant is often needed to master the art.

But what if the skills of pelvic surgery are not mastered by the 'generalist'? There are certainly not enough subspecialist urogynaecologist/pelvic surgeons to go round, and in some parts of the world, or in certain areas of even highly developed countries, there may be none.

It will not be long before the removal of a normal-sized mobile uterus with or without descent can only be performed laparoscopically or by open abdominal surgery. In the first case, this requires additional skills and is fraught with danger in the under-skilled, and may be costly. In the second case, this unnecessarily prolongs recovery.

Now let us consider abdominal surgical skills. Anybody can perform this surgery following basic gynaecological training. But without a good knowledge of tissue planes or knowing where half-hidden structures actually lie, complication rates will climb and complications may go under-reported and under-remedied. It takes repeated errors from a source before action is taken to correct, and correcting these problems requires diplomacy, tact, encouragement, and a willingness to learn.

Even without major complications, basic open gynaecological operations without adequate training will take longer, blood loss will be greater, and recovery times will be slower. As a result, fewer people will be operated on, at greater expense, with poorer results. As obstetricians and gynaecologists, it is vital that many of us maintain our operating skills.

Outpatient procedures are also important – colposcopy, outpatient hysteroscopy, gynaecological and obstetric scanning, amniocentesis and other skills are not performed by subspecialists in many centres, and if repetition is adequate and knowledge is at an acceptable level, the generalist may maintain a very high skill profile.

There is still a need to be a jack of all trades and master or mistress of some. And it is vital that teaching institutions and governing bodies internationally, nationally and provincially recognise the importance of the generalist, possibly with a special interest, and the unique effort that goes into their preparation.

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