

Miss Georgia Layton
Specialty trainee in the East Midlands deanery



‘Dress for the job you want’

What has been your route into Cardiothoracic surgery and what made you choose your specialty?

I took a while to decide exactly what I wanted to do with my career. I was interested in cardiac surgery from medical school; the first surgery I ever watched was an open aortic valve replacement. I was hooked from the beginning. However, everyone I knew in surgery was academically gifted and had a large network of surgical colleagues. I didn't see myself reflected in any of my fellow surgically minded colleagues and so I thought surgery couldn't be the career for me. After trying many different specialties, I finally found informal mentorship in my FY2 year from an excellent General Surgery supervisor. She demonstrated to me that people like me could be successful in surgery. Within my surgical training, I explored a variety of subspecialties and I had a similar experience in cardiothoracics. My registrars and consultants at the time were lovely people and highly skilled surgeons. To me, cardiothoracic surgery was one of the most inaccessible specialties to 'someone like me'. However, they showed me that cardiothoracic surgery can be for anyone who is willing to put in the work. I received excellent training and proved to myself that I did, in fact, have an aptitude for this specialty. Once I understood that and believed that I could succeed as a surgeon, I started to build my CV rapidly. The rest is history!

What is something that you're passionate about and what keeps you motivated to pursue this?

The most important part of my early career was meeting people like me, and those completely different from me, to understand that preconceived ideas we have about surgeons are not true and actually, it is a career for all people from all walks of life. Without my experience of passionate, kind trainers I certainly would not have been brave enough to consider becoming a surgeon. As a result, one of my passions outside of the clinical work is championing diversity and equality in surgery.

As a woman in surgery, it is often considered cliché that we are underestimated or discriminated against in our regular practice. However, my experience is that it is very much a negative bias we face daily, whether conscious or not. I am regularly misnamed as any NHS team member, except for the cardiac surgery registrar. My patients regularly ask me when they will be seeing their doctor; even after half an hour intensive counselling about their upcoming surgery. This repeated misjudgment about my perceived role or ability is something that drives me to continue to succeed. I would not be here without several generations of surgeons, of all genders, who have role modelled non-discriminatory practice and training over the last decades. However, as one of the sub-specialties where females are still grossly under-represented at consultant level, I feel strongly that I should continue to move forward to make it easier for those who choose to follow in future.

Do you have any famous role models? Why are they role models to you?

Absolutely yes – Ruth Bader Ginsburg. The late US Supreme Court judge has been a source of interest and inspiration for me for many years. I have read all there is to know and seen all the documentaries there are to watch about her life, as well as exploring everything I could find on the topic of her landmark cases. For me, she is an icon due to her 'atypical' background for a 'celebrity'; she became a fixture of pop culture at a time when reality TV stars, models and music artists dominated pop culture. Furthermore, despite her history as an objectively excellent lawyer, she was turned down from all New York law firms early in her career. She has therefore demonstrated intellectual resilience and a drive to advocate for what she believed is right, despite huge adversity. Her seemingly unimposing appearance and the generation within which she practiced meant she was frequently underestimated. Despite this, she became a powerful dissenting voice in the supreme court and made a huge positive impact towards equality of women's rights. There is much about her constitution and drive which I hope I can replicate in future.

What do you think are key skills for someone working in cardiothoracic surgery?

I think one of the best skills is remaining calm even in the most stressful situations. Making quick, calm decisions (and communicating them quickly and calmly) is something I have seen be critical to ensuring patients have good outcomes. Early on in training, I realized that many aspects of our day to day in the NHS are out of our control... The time it takes for a scan to be performed, the time it takes for the fluids

to be infused etc. Therefore, understand that everything takes a little longer than you hope. Use this time to think over your next steps. Be efficient where you can but don't stress about the things you have no control over.

What do you enjoy doing outside of work?

Outside of work, I enjoy doing things that take my mind away from work and allow me to be present with my partner and family. Often this will involve nothing more good food with a game of chess or a documentary on the sofa. Sometimes this will involve an extra few hours of sleep after a long on-call. I also enjoy spending time with my dogs outdoors, taking pictures of my dogs outdoors and cycling.

What advice would you like to give (female) students/trainees?

'Dress for the job you want' is my most used mantra. My interpretation of this is to do what you want to do and what you think is right, regardless of what other people think. Almost always, we have nothing to lose by simply attempting what we wish to achieve, and everything tends to fall in to place afterwards.

This would be my advice to other students/trainees. Do what you want to do, at the time you want to do it. Whether it is the 'typical' path or is an atypical route as long as it is what you want to do, and always remember that it is never too late. For cardiothoracic surgery specifically, many people believe that if they do not decide this is their path early on in medical school, it is too late. This is not true. Taking your time will bring you extra experience and the additional confidence that you are making the decision that is right for you. I did not decide for certain until my second year of working that I wanted to be a surgeon; much later than many. However, I understand now that this was the right time for me. I have never regretted taking my time to enter the training programme but I have definitely reaped benefitted from it.

What do you hope to achieve throughout your tenure on the WiCTS committee? What can we all be doing to encourage and support women in this field?

I recognise that due to the low proportion of female cardiothoracic surgeons, we are poorly visible to those in the very early stages of training. Younger, diverse members will soon represent the preponderance of the surgical workforce and representation is key in order to maintain this workforce. I hope that our work within the WiCTS group will model this representation. Being visible is one of the easiest ways I think we can support women in this field. Having women on conference panels, to speak at events, on social media and involved in routine surgical care for patients on a regular basis will slowly make things easier for everyone. For female surgeons, that means putting yourself into positions of leadership such as agreeing to speak at events, sitting on committees that make decisions about our specialties, taking part in the research etc. For everyone else, it means inviting female experts to speak and advocating for equality in your daily work.