

Application for BAHNO travel grant

Post CCT fellowship in complex head and neck surgery and microvascular reconstruction at the Chris O'Brien Lifehouse hospital in Sydney, Australia

Overview and Outline of Fellowship

Application process and AHPRA registration

I am coming to the end of a busy, one year fellowship at the Chris O'Brien Lifehouse in Sydney, Australia. I have since interview for and been successful in securing a Consultant head and neck/Oral and maxillofacial surgeon post on my return to the UK in August 2024.

The fellowship application process was lengthy. To be considered for the fellowship, there is an expectation that the potential fellow visits the unit in advance. In addition to offering the chance to spend some time in Sydney, the visit in person is an opportunity for the consultants and fellowship coordinator to meet you in person and undertake an interview. It also provides an insight into the world-class facilities the Lifehouse has to offer and a snapshot into what a year in Sydney may involve. Given the international prestige of the fellowship and associated popularity/competitiveness, the observership usually takes place 2-3 years prior to the anticipated start of the fellowship. I visited the Lifehouse in November 2019 with a planned start of January 2023 (CCT date October 2022). Once accepted, the paperwork required is extensive and confounded by the time difference and associated discordance in office hours. The majority of the workload required is in order to achieve registration with AHPRA (Australian Health Practitioner Regulation Agency) and working visa application. The biggest anxiety and stress of the process is having to formally draw a line underneath UK jobs and life responsibilities (mortgage commitments amongst others), before receiving formal confirmation of AHPRA registration, visa acceptance and the booking of international flights.

What does the fellowship involve?

The Chris O'Brien Lifehouse is a private hospital, yet offers both public and private operating with little implication on the fellows' individual experience and exposure gained. The fellowship involves working for multiple Head and Neck consultant surgeons and is currently under the supervision of Dr James Wykes. The training programme aims to increase knowledge and understanding of the management of head and neck conditions, predominantly focusing on oncology. It aims to provide fellows with training and skills in head and neck surgical resection as well as reconstructive techniques including microvascular reconstruction. Fellows are involved in the full range of clinical activities at Chris O'Brien Lifehouse Head and Neck Service and other affiliated institutions, including running and presenting Multidisciplinary Team Meetings, Morbidity and Mortality meetings and weekly education sessions.

In addition, the fellowship offers head and neck research opportunities with access to a large clinical database and translational research opportunities through Lifehouse and affiliated research and academic institutions. Fellows are expected to publish and/or present at a national or international conference during their fellowship. There is a dedicated research team coordinating multiple concurrent clinical trials - in addition to regular animal (sheep) studies based at the University of Sydney.

There is an enormous volume of operating throughout the week - with daily (sometimes multiple daily) free flaps taking place throughout the several head and neck theatres. There is a true multidisciplinary approach to the the specialty of 'head and neck' - with consultants coming from general surgery, ENT, plastic surgery and OMFS backgrounds. This offers real talent mix and excellent collaboration, with each subspecialty bringing their respective skillsets whilst simultaneously broadening their own scope of practice by working so

closely with other allied specialties. I would go as far to say that this, along with the sheer volume of operative opportunity, is one of the greater strengths of the fellowship.

On a day to day basis, the fellows' role involves leading a team of junior doctors and nurse specialists in the daily management and medical/surgical care of up to 30 patients post major head and neck oncology and reconstructive surgery. There is daily independent and supervised operative responsibilities in both ablation and microvascular reconstruction - in addition to the supervision of general, ENT and maxillofacial surgical registrars in performing neck dissection, radial forearm, ALT and fibula free flaps, cutaneous malignancy and tracheostomy.

I provided on-call cover for all head and neck inpatients on a weekly weekday basis and one-in-four weekends. This involved independently managing out-of-hours emergencies including post-operative haematoma, acute airway emergencies and compromised free flaps. Inpatient management was not confined to those who had undergone just oral cavity pathology, but included patients post laryngeal, robotic, tracheal/oesophageal, thyroid and parathyroid and cutaneous surgery amongst others.

The fellow is responsible for coordinating a weekly regional/departmental head and neck specific MDT - which involves compiling the list of patients to be discussed, locating all relevant imaging, chairing the meeting and documenting consensus outcomes.

During this year, I have been directly involved in approximately 100-120 head and neck free flap cases in addition to the full remit of head and neck oncology surgery - including parotidectomy (superficial, total, radical), facial nerve reconstruction thyroidectomy, parathyroid gland surgery, cutaneous malignancy (including melanoma/sentinel node biopsy). Reconstructive options have included RFFF, ALT, SCIP, lateral arm, TDAP, fibula and scapula axis free flaps - in addition to a range of pedicled/local options. There is an onsite prosthetic/prosthodontic laboratory with a combination of in-house and third party (KLS Martin) virtual surgical planning. This 'dentofacial clinic' coordinates weekly planning sessions of upcoming cases in addition to regular MDT discussion of complex cases.

Transferable skillsets and plans for service implementation

In addition to the full remit of head and neck surgical oncology and reconstructive techniques, my fellowship at the Chris O'Brien Lifehouse in Sydney has presented an opportunity to be exposed to and develop a unique set of skills and services that are transferrable in my consultant job on my return to the UK. These include:

1. Facial reanimation:

The restoration of facial symmetry/facial nerve reconstruction in the context of radical parotidectomy. Unfortunately iatrogenic injury to the facial nerve is common and debilitating. I have had significant exposure and can subsequently offer expertise in static means to help manage this problem, including the use of direct brow lifting, upper eyelid gold weights, lower lid tightening procedures, fascia lata slings, free tissue transfer, nerve transfer and interposition grafting

2. "Jaw in a day":

A significant component of my fellowship experience has been the concept of providing patients undergoing resection of maxillary/mandibular tumours with immediate dental rehabilitation. This is only achieved by a strong collaboration with their restorative/prosthodontic dental department. This is a service and relationship that I would hope to develop and continue respectively, as a substantive consultant at the Royal Surrey.

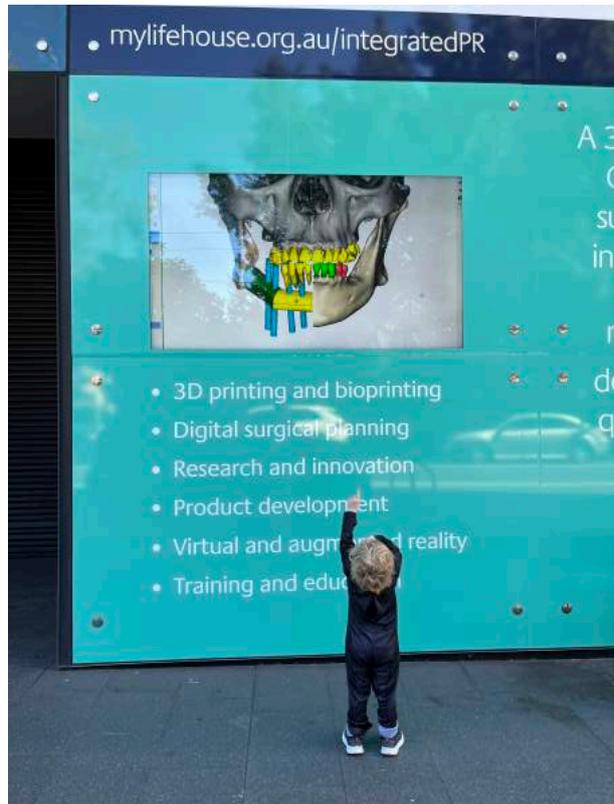
3. Remote Research/Audit and Complex Case meetings:

The Chris O'Brien Lifehouse hospital is a high volume, high quality institution with a world class academic reputation. Much of the efficiency achieved by the hospital is in part due to regular (weekly/fortnightly) morning meetings conducted via Teams/Zoom. I believe that this is a simple and achievable area of service development that can help to foster an inclusive environment, create appropriate accountability and drive productivity.

Extracurricular Aspects of the fellowship

I spent the fellowship year with my wife and two young sons (4 and 2). Sydney is a fabulous city to spend a year - with enough world class beaches and activities to spend a lifetime exploring and pursuing respectively. The majority of our free time was spent exploring the Northern beaches - from Palm beach at its northernmost point to Manly beach in the south. The time and financial constraints of the fellowship made any further afield or international travel more difficult.

I would be very happy to discuss in further detail any of the aspects of the fellowship.



Surgical Plan: Mandible Resection with Left Scapula Free Flap

Case ID: LH IVSP-DC-MR-S-L
Case Report Version: 1.0

Left scapula free flap indicated in **PURPLE**

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mylifehouse.org.au/integratedPR

