A personal perspective on overseas fellowships – BWT Ritchie Recipient 2014

Thinking of applying for an overseas fellowship? Dr Kerry Holmes, NZAEC Chair, says his experience of an overseas fellowship made him a better clinician and more vigilant about potential changes to our health system. He delves into the value and benefits, as well as the potential drawbacks.

I've been back in New Zealand working as a Consultant Anaesthetist for a year now, and can reflect on how an overseas fellowship has benefitted me – clinically, non-clinically and personally.

The clinical benefits are, in many ways, obvious. A fellowship in Cardiac Anaesthesia will never be a waste of time, even if, like me, you don't return to a job in the area. I have had the opportunity to anaesthetise critically unwell cardiac patients, and then follow them through their convalescence in the Intensive Care Unit. I've been involved in both the diagnosis and management of emergent conditions, both pre- and post-operatively, as well as accruing experience with sheer numbers of chronic 'bread and butter' cardiac patients. Many conditions that I was wary of prior to my fellowship no longer hold the same fear, but I also tread much more carefully having seen how complications can snowball. Becoming competent in transoesophageal echo, and completing the exam, has been useful at times, and extremely so on those occasions when complications have arisen.

The fellowship was extremely useful in strengthening my ability to function non-clinically in a senior medical role. The National Health Service (NHS) is a famously collegial environment, and the Bristol Royal Infirmary was a fantastic place to observe this first-hand. Being in one place for such a length of time, rather than four to six-month rotations we undergo as trainees, meant that the feuds and personality clashes were much more obvious. Watching how these were handled well, or poorly, was immensely valuable.

Working in a completely different health system for a prolonged period has also given me a much stronger dogma-detector. I had worked as a locum in New Zealand and Australia for brief periods, and seen different practice, but spending this amount of time immersed in a system removed from the Australasian model has enhanced my ability to think critically of the accepted wisdom. This is obviously of vital importance for all Consultant level doctors.

Simply working within the NHS was a tremendous experience. The NHS has experienced progressive budget constraints and this was obvious in several ways; from the occasional placement of patients on cots in the gym, to inadequate non-clinical support. Another example of this was the introduction of a fancy new system for electronic patient records and prescribing, but with woefully inadequate IT support. While access to data for audit was a major reason for the move, the lack of IT personnel made this impossible. Essentially, no cardiac data was accessible for audit – a terrible state of affairs for the birthplace of Clinical Governance.

The management of the NHS is a famous punching bag for both clinicians and the public. Many of the clipboard wielding middle-managers were extremely hard-working and passionate about their job. Unfortunately, the lack of clinical input into the higher levels was noticeable, with even the Head of Department making frequent cynical remarks about "management." Key Performance Indicators had clinical targets, but these were apparently determined by financial end-points. We have seen a similar situation to this in Waikato recently, where it was reported that Orthopaedic follow-up appointments were deferred so more new patients could be seen, to

meet the Government's health targets. Thankfully in New Zealand the voice of Consultants still has influence.

Treating UK patients was also a beneficial experience. As an institution, the NHS is almost universally held in extremely high regard by the public. But paradoxically, there is also cynicism and negativity about NHS staff. This was frequently demarcated along generational lines, with older patients some of the most stoic and grateful I've ever encountered. The UK media almost certainly plays a role in the devaluation of medical professionals in the eyes of the public. Some of the more widely read newspapers delight in negative reporting. While I was there, the junior doctors were striking over contract negotiations, and the situation was portrayed in starkly different terms depending on whether you read The Guardian, The Telegraph or The Daily Mail.

Overall, while I feel an overseas fellowship is beneficial, there are drawbacks to be aware of. Firstly, the maxim 'out of sight, out of mind' strongly applies. Staying in constant contact with departments, where you feel a job might be coming up, is essential. This contact counts for a lot when the next FTE position becomes available. I would also encourage people considering an overseas fellowship to develop a strong network of friends and colleagues which can contact you when jobs become available.

Secondly, the financial burden of a fellowship is immense. The salary was drastically lower than that of a potential Consultant role, my wife was not able to work in her usual job, and the general costs of moving and living abroad cost me well into six figures. The BWT Ritchie Scholarship that I was awarded however did help to decrease the financial stress.

Despite these drawbacks what resonates most strongly is that the clinical and non-clinical experience of working in a busy cardiac centre in the UK were equally rewarding and beneficial.

The general feeling I've been left with is that while I think we are very lucky in New Zealand, we should be careful that these aren't remembered as the 'Golden Days.' Both clinical and non-clinical players need to be involved in management, so that we avoid the consequences that we have seen in the UK and the US. The recent MECA negotiations revealed an apparent desire to reduce or remove the input that Consultants can have in key decisions. It was rebuffed on this occasion but it's worth noting that major hospitals in New Zealand are bringing in ex-NHS management with ideas of change that need to be carefully vetted. We are fortunate that as a young country we have had the opportunity to see where others have stumbled historically.

The fellowship was a tremendous opportunity, and I would again like to thank the BWT Ritchie Committee for making it possible. I've come back a better clinician, with a deeper understanding of the health system, and the role of the senior medical staff within it. As a profession, we obviously have broad clinical knowledge, but we are also a key group with first-hand experience of overseas systems. We need to be vigilant, and vocal in our opposition to change that we think is detrimental.