

The New Zealand Anaesthesia Education Committee

BWT Ritchie Scholarship Interim Report – Kerry Holmes, 2014 recipient

Fellowship in Cardiac Anaesthesia and Intensive Care, Bristol Royal Infirmary

I've now been 6 months in my role as Clinical Fellow in Cardiac Anaesthesia and Intensive Care at the Bristol Royal Infirmary and I feel like I'm starting to settle in. Aside from the complexities of the British banking system, and being told off repeatedly by the neighbour for 'doing the rubbish wrong', there has been a huge amount to get used to settling into the world of Cardiac Anaesthesia.

The department at the Bristol Heart Institute undertakes around 1600 cardiac operations per year, and has 12 British trained Anaesthetists who have themselves completed fellowships all over the world. Operations include cardiac, aortic and adult congenital cases. The cath lab cover is split between the general and cardiac departments. The general department and ITU cover urgent PCI cases, while the cardiac Anaesthetists cover elective cases such as ablations and ASD closures. The lab also undertakes transcatheter aortic valve implantations and has recently become one of only 5 centres in the UK to start placing the mitralclip for mitral regurgitation. The department here is not accustomed to ANZCA fellows, and has no separate fellow roster as they might in an Australasian department. This has meant a large component of ICU work as the Cardiac ICU is staffed solely by the Cardiac Anaesthetists and the trainees rotating through. The roster is designed such that each trainee spends half their time in theatre and half in the ICU.



I've found the large ICU component to be a double-edged sword. As the sole Doctor out of hours for a 20 bed Cardiac ICU, I am definitely seeing more cardiac complications and dealing with more sick cardiac patients than if I were simply undertaking elective procedures. On the other hand, it means that I only have two rostered days each week in theatre, though what I do with these two days is up to me completely. I have free reign of my theatre time and can access cardiac or thoracic theatres, the catheter or echo labs, or even head up the road to obstetrics for high-risk and cardiac meetings. The department and everyone I've met so far have been extremely friendly and accommodating and are more than happy to help me get the most out of my time here. I have recently started being given fellow cardiac lists once a week, in which I am the sole Anaesthetist. Not surprisingly this focuses the mind greatly, and provides wonderful training.

Study leave is freely granted and so far I've attended a course in London on Transoesophageal Echo, and an Awake Intubation course in Bristol in which we all intubated each other. I'm hoping to attend a critical care conference and complete the OneLung Thoracic Anaesthesia course (developed in Bristol) at the beginning of next year. I have presentations coming up in the next few weeks at a ventilation meeting for the ICU, and a service-wide audit meeting. I'm also extremely busy studying for my TOE exam (in Seville, beats Melbourne!) and writing a BJA Education article on Mitral disease, which are both due in the same week in December.

The department are a wonderful group of people. The Anaesthetists are an active bunch and are mad about sports, making the World Cup win even sweeter. I was expecting a Cardiac Fellowship to provide fertile ground for 'conflict resolution', but the surgeons are actually really lovely. The majority are Italian, and have involved me in their 5-a-side football team. The only tantrums I've seen so far have been on the football pitch and have been entertainingly continental.

The NHS has been a great thing to experience. I had heard so many tales from ex-pats in NZ that I was interested to see for myself what it was like. I've found the people in the NHS to have a much stronger sense of identity with the public health system than we do in NZ. By and large people seem very proud of it, but there's definitely a feeling of something like betrayal at what is being done to the system by government. There's a lot of talk of impending crisis, with recent events at Papworth felt to be much more widespread than are being reported. It's been interesting also to be able to chat to people as industrial action looms. The proposed contract really does seem pretty bad, with different specialty trainees affected in different ways. Anaesthetic and ICU trainees will most certainly take a pay cut, while specialties such as Palliative Care will see their on-call hours increase greatly. Of particular interest has been the media response. Reporting of anything to do with doctors is incredibly politicised and varies wildly depending on the newspaper you choose.

The system is similar in lots of ways to NZ, though the differences are interesting. Anaesthetists don't do a separate consent, with only a little tick box on the surgical consent saying that the patient understands an anaesthetic is necessary. In practice I've found this makes for a much less in-depth discussion about the events of the anaesthetic, and provides less opportunities for the patients to ask questions or raise concerns. I really feel like it also degrades the role of the Anaesthetist in the eyes of the patient. On more than one occasion I've been told by a patient that "I've already gone over the anaesthetic with your boss", meaning the Surgeon.

There are also minor cultural differences which are probably only amplified because the cultures are so similar. My worst clanger was in telling an elderly gentleman on the morning ward round that we would be changing his PCA to the 'top shelf stuff' as he was feeling unwell on the morphine. His eyes lit up as my colleagues turned away in unison, shaking. 'Top shelf' in Bristol apparently refers exclusively to the magazine rack at the petrol station, and not the liquor cabinet.

Bristol as a city is a wonderful place with a very lively feel to it. It has only around 400 000 people in it, but feels much bigger. Part of this is when there is something on, everyone shows up for it. There are the usual English historical buildings lining the streets, and a huge array of well-frequented pubs and beers to try. The nearby countryside is similarly rich. The Cotswolds and the Brecon





Beacons of South Wales are only an hour away, with Dartmoor and the Devon beaches 2hrs afield. We have spent many of my days off doing 'pub walks' that start and finish at an old countryside pub and take in some spectacular scenery.

I can recommend Bristol as a fantastic place to travel to for others considering fellowships. The Bristol Royal Infirmary has Cardiac and Thoracic Fellowships, and the other large Bristol hospital, Southmead, offers Neuro, Burns and Trauma fellowships.

I have contacts with both hospitals so if any NZ trainees think these might suit them, I would be happy for them to contact me through the NZSA.

Our return to NZ is fast approaching, and I am looking forward to returning to the NZ system when I take up a Consultant position at North Shore Hospital in June. I don't think I can emphasise enough how the BWT Ritchie scholarship has helped us with this year. The cost of moving to and setting up in another country, even if done on the cheap, is astronomical and easy to underestimate. Many of the people I work with here have remarked on the farsightedness of a scholarship that encourages trainees from an isolated country like NZ to work abroad and then bring knowledge home. It's a truly worthwhile and generous scholarship, and I'd like to thank the committee again for my selection.