

TWJ Foundation Fellowship - 2020/21 - Auckland, New Zealand

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I would like to thank the TWJ Foundation and its trustees for the opportunity to undertake this Fellowship in Otolaryngology, Neurotology and Skull Base Surgery in Auckland, New Zealand in 2020/21. I was offered the position in December 2018, due to start in July 2020. None of us at that point could have had any idea of how this plan would be affected by the Covid 19 pandemic. I was planning my journey to Auckland when the UK was placed in lockdown, and did not know if I would be able to leave the NHS in the grip of a potential national medical emergency, or if I would be able to pass through New Zealand's closed borders by the start of my fellowship in July 2020. When the time came to travel, the many weeks of lockdown restrictions in the UK were easing, and I was granted permission to enter the country by way of two weeks in managed isolation. By this point New Zealand had followed its elimination strategy to the letter and was one of the few countries in the world with no cases of Covid 19.

I have been extremely fortunate to find myself in New Zealand during this period. Life has essentially carried on as normal during my year here, save for a few weeks here and there when cases slipped through at the border. This has meant that my learning opportunities have not been significantly affected during my fellowship, something I know cannot be said for many other surgical trainees in the UK, or for many other fellows across the world at this time.

This well-established fellowship provides experience in all areas of Otolaryngology, Neurotology and Skull Base Surgery. The fellowship is supervised by Michel Neeff, Hamish Sillars and Michelle Wong. Applications via the TWJ Foundation are taken in alternate years. The fellowship is based at Auckland City Hospital, which is the centre for adult Otolaryngology inpatients in the city, and where major adult ENT operations including otology and skull base surgery are performed. However, the clinical work in this fellowship is spread across many sites, meaning a car is necessary. Starship Hospital is the main centre for Paediatric care in New Zealand and sits on the same site as Auckland City Hospital, where fortnightly paediatric otology theatre lists are held. Adult outpatient care and minor operations are performed at Greenlane Clinical Centre, a 10-minute drive from Auckland City Hospital. The fellowship also includes work at private hospitals, with cochlear implantation performed (publicly funded but privately provided) at Gillies Hospital, and skull base surgery at Ascot Hospital, with both hospitals situated in the suburbs around 10 minutes' drive from Auckland City Hospital. There are also opportunities for observation at other hospitals and clinics, including the New Zealand Dizziness and Balance Centre.

The fellowship rota includes an average of 6 half-day operating lists and 3 clinics per week. The operative case mix is diverse, ranging from myringoplasty, Eustachian tube dilatation and augmentation, ossiculoplasty and stapedectomy to management of extensive cholesteatoma. Implant surgery including BAHA, Bonebridge, Cochlear Implantation and Auditory Brainstem Implantation are included. Lateral skull base cases such as CSF leak repair via the mastoid and middle cranial fossa, and excision of vestibular schwannoma and

glomus via translabyrinthine and retrosigmoid approaches are frequent. It is notable that the Otology team perform both the operative access and tumour removal in the majority of these lateral skull base cases.

This fellowship is incorporated with the Auckland Otolaryngology team as a whole, where I advised and participated in the management of Otology and Skull Base emergencies and inpatients. In addition, a supervisory role is taken in theatre with the Otology Registrars, which I have found to be invaluable experience for my skills as a surgical trainer, and was an insight into training expectations in New Zealand. The Otolaryngology team meets weekly for a Grand Round, with additional presentations from each subspecialty every month. There is a dedicated Temporal Bone Lab at Greenlane Clinical Centre, which the fellow can access, and there is a yearly Registrar Temporal Bone Course where the fellow takes on a teaching role. In my year here I also attended possibly the only in-person ORL conference in 2020; ORL20, the annual meeting of the New Zealand Society of Otolaryngology and Head & Neck Surgery. Attendance at events internationally is generally encouraged in this fellowship but was otherwise curtailed this year due to travel restrictions.

Although New Zealand has publicly funded healthcare akin to the NHS, there are several differences both in the population and in the way this funding works which affect the types of patients who are seen in these clinics and theatres. For example, otological surgery is funded publicly by the District Health Board (DHB), but there is very limited public funding for hearing aids. Therefore, the majority of our patients will have stapedectomy or ossiculoplasty to manage conductive hearing loss as they cannot afford to fund hearing aids personally. There is a significant wealth gap in New Zealand, and in Auckland in particular, where the wealthiest will generally avail themselves of private healthcare, while the poorest groups, which includes a larger proportion of Maori and Pacific people (who generally experience more chronic ill health) rely on the public sector. I have seen many presentations with mastoiditis complications, widespread skull base osteomyelitis and extensive cholesteatoma which are unusual in the UK, but are commonplace in these populations. In addition, New Zealand has a separate national body (ACC) which covers the medical costs for patients who have had injuries, meaning that there is funding for options not usually covered by the DHB if the cause is considered accidental. This exposure to a different health system, which like the NHS has its own advantages and disadvantages, has opened my eyes to some of the inequalities created by the way healthcare is funded. It has also offered exposure to many complex otology presentations, which have enhanced my knowledge and operative skills.

Outside of work, 2020/21 has been a fantastic time to be in New Zealand, free of the lockdown restrictions which have limited travel elsewhere in the world. Auckland is an incredibly varied place which encompasses a vibrant city culture, but with easy access to the windswept beaches of the west coast and to the islands of the Hauraki Gulf. Weekends away have been spent around the geothermal hotspots of Rotorua and Taupo, the culture and museums of Wellington and the Art Deco city of Napier. Longer trips have taken me across the South Island; tramping at Aoraki/Mount Cook, packrafting in Queenstown and heli-hiking on the Franz Josef Glacier. I have been incredibly lucky to be free to do so much at a time when most of my friends and family in the UK were stuck in a seemingly never-ending lockdown, and I have made the most of every minute.

I have greatly enjoyed my Fellowship in Auckland, which offers a varied range of experience both clinical and operative, and gives a great opportunity for the fellow to pick up new techniques and explore different management options. The Otology Team have been extremely welcoming, friendly and supportive, and have encouraged me at every turn. I can truly say that I've had the experience of a lifetime in Auckland, both professionally and personally, and am looking forward to applying this experience to my work in the UK.