

TWJ Fellowship report: I McKay-Davies, Auckland, July 2016 to January 2017**Supervisor: Michel Neeff**

6 month fellowship in Neurotology based in Auckland from July 2016 to January 2017 - extended to July 2017. Placement under supervision of Michel Neeff, Hamish Sillars, and Michelle Wong. Inpatients managed at Auckland City Hospital (large tertiary referral centre); clinics based at Greenlane Clinical Centre. Public surgery performed at both these sites, as well as Starship Children's Hospital. Additional private surgery performed at Mercy Ascot and Gillies Hospitals (see timetable below).

The department, and supervisors particularly, are very friendly, welcoming and supportive. There are weekly full departmental meetings, and involvement with teaching and presentation is expected.

Consultant subspeciality interests provide access to the full range of lateral skull base surgery (including middle fossa and infratemporal fossa surgery, vestibular schwannoma management), cochlear implants, BAHAs, paediatric otology, dizziness, middle ear surgery, stapes surgery, laser surgery, endoscopic ear surgery, surgery for exostoses and canal stenosis. A high proportion of the population enjoy watersports - canalplasty is regularly practiced to a fine art. Hearing aids are not routinely publicly funded; subsequently stapes surgery (funded) is often preferentially selected as treatment of otosclerosis, and the same applies for myringoplasty for perforations causing hearing loss. Approximately 20-30 cochlear implants are funded per year and are all performed in Auckland by various consultants. The BAHA Attract system is available, as are minimally invasive BAHA systems. A Stealth navigation system is available for use too. The majority of schwannoma surgeries, SCDS surgery and repair of CSF leaks/tegmen defects are performed by Otologists alone.

The theatres are very well-equipped and modern, with practically no restriction on the use of disposables. The nursing staff are highly trained to ENT procedures. Team morale is high, partly due to an organized, efficient department, few cancellations and regular working hours. The managers are helpful, respectful and supportive of the clinical teams.

Clinics are very well-equipped, and the clinic workload is manageable, affording time for quality assessments, the frequent use of interpreters (excellent service), and minor procedures to be undertaken. The fellow is scheduled into an invaluable monthly teaching session with Mr Sillars. The waiting lists are relatively short permitting frequent postoperative follow-up. The clinics are paper-light; all case notes are scanned and available online. Dictations are digital and approved electronically.

The population consists predominantly of a mix of Caucasians, Asians, Indians and Polynesians. There are anatomical differences between these groups to consider, and a significant difference in pathology encountered relative to the UK population. Diabetes and aggressive, or unusual, infections are commonplace, as are skin cancers in surprisingly young patients. Necrotizing otitis externa seems to be highly prevalent.

There is an accessible and well-equipped temporal bone laboratory available for use with a plentiful supply of bones to drill. The national balance clinic is extremely well-equipped with

VHIT, VEMP and force platform kit and is situated on the outskirts. This facility is privately funded though.

The emphasis is on the fellow to develop their surgical skills, knowledge and judgement, rather than to focus on research, but none-the-less, the department is keen to support the fellow in their pursuit of publications.

The cost of living in Auckland is 2-3 times that of the UK. A car is required to travel between the hospital sites, and accommodation is very expensive. Future fellows should take this into consideration and ensure they have adequate personal savings in addition to the TWJ stipend.

Not only have I improved my skills, knowledge, judgement and experience dealing with complex and advanced cases, but I have cultivated a different clinical management approach, and an alternative surgical philosophy. I have had the opportunity to repeatedly study anatomical nuances and practice advanced techniques in the temporal bone laboratory at my own pace. I have had the privilege of being supervised in theatre by Consultants who demonstrate world-class skill, and possess exceptional knowledge. I have witnessed an alternative healthcare system at work, one that is only part-publicly funded. This has been interesting and should stand me in good stead for future UK practice. I have had the opportunity to work in a department where quality of clinical care is paramount, and not excessively restricted by time, management or funding constraints. Overall, I thoroughly recommend this fellowship and encourage the TWJ foundation to continue its links with Auckland.

I am extremely thankful to the TWJ foundation for setting up and funding this fellowship.

Week	Monday	Tuesday	Wednesday	Thursday	Friday
A am	OR MN@gillies		clinic (10:15 start)	OR MW@GSU	OR fellow@ACH
A pm	clinic	OR MN@starship	OR fellow@GSU	clinic	OR fellow@ACH +/- MN@GH
B am	OR MN@gillies	OR HS@ACH	clinic (10:15 start)		OR MN@ACH
B pm	clinic	OR HS@ACH, OR MW@ACH, OR MN@GSU		clinic	OR fellow@ACH
C am	OR MN@gillies	clinic	clinic (10:15 start)	OR MW@GSU	OR fellow@ACH
C pm	clinic	OR MN@starship	OR fellow@GSU	clinic	OR fellow@ACH +/- MN@GH
D am	OR HS@ascot, OR MN@gillies	OR HS@ACH, OR MW@ACH	W/R and meetings - No clinic	OR fellow@GSU	OR MN@ACH
D pm	OR HS@ascot	OR HS@ACH, OR MW@ACH, OR MN@GSU		clinic	OR fellow@ACH