

## **The Graham Fraser Memorial Fellowship 2007.**

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It is with great pleasure and a great deal of thanks to both the Graham Fraser Foundation and to Professor Gibson and his wife Alex that I describe what has undoubtedly been one of the best experiences of my life.

### **Getting the job.**

It was with some trepidation that I travelled down from Manchester in November 2005 for an interview on the hallowed turf of Harley Street. Fortunately the trustees proved to be both warm and welcoming and the interview was a relaxed affair (if such things can be) regarding my CV and a couple of questions about cochlear implantation. I was overjoyed to receive the email the following day saying I had been awarded the fellowship.

### **Preparation for a Fellowship in Australia.**

There is a great deal of paperwork to complete for a fellowship in Australia which seems to get more every year. There was written advice from one of the previous fellows and help from the Royal Prince Alfred (RPA) Medical Training and Administration unit but it was still somewhat of a logistical nightmare.

For anyone reading this who is considering a fellowship in Australia, this is how it worked for me:

RPA was my sponsor. They submit an application to The Royal Australian College of Surgeons for recognition of the training programme.

The College require the following:

- A detailed, current curriculum vitae, outlining training, qualifications and experience.
- Certified copies of undergraduate and postgraduate qualifications
- An outline of the proposed course of postgraduate study and the candidate's intended career plan following completion of the hospital's programme in Australia.
- Information on any previous training undertaken in Australia, New Zealand, or outside the applicant's home country
- Two written references – the appropriate referees are senior colleagues who have worked with the applicant within the last two years. Referees are requested to report on the trainee's current professional standard and capability, and to consider the appropriateness and usefulness of the proposed programme to the trainee's home country.
- a fee of \$450.00

### Visa

Once RPA received the College endorsement they submit a nomination to the Department of Immigration for an Occupational Trainee Visa (subclass 442). There are other types of visa for a medical practitioner but this is the one the RPA choose.

All my family were carried on my visa. Be aware that those nominated on your visa cannot work in Australia for more than 20 hours per week. If you have a family member who wants to work then there is another type of visa available.

When my visa nomination was approved it was forwarded on to me (about 3 months from first application to RCS). I could then apply to the Australian Embassy in London for the visa (form 147). This could not be done until I had received the Nomination. Health insurance under reciprocal arrangement with the UK covers emergency hospital treatment in Oz and is sufficient for visa purposes. We were beset by illness in Australia and ended up needing hospital treatment 3 times but as long as we produced our passport it was never an issue. I needed a full medical prior to leaving (I had to take my passport for this) including chest xray, HIV and hep B and C blood tests. I had to send my marriage certificate for my wife to be on the visa and full birth certificates for my children. Once they have all the paperwork and the passports, the visa takes 10 working days.

#### NSW medical board

The RPA also applied to the Medical Board for my registration. The Board required a letter of support from my current employer (mine came from the postgraduate deanery). This needed to state that I was currently on a training program and that my present hospital supported my time in Oz as being beneficial for my career and that I would be returning to my home country.

I then had to apply to EICS (see their website) for verification of my medical degree and GMC certificate.

Once we arrived in Sydney I had to register with the New South Wales Medical Board (at Gladesville hospital – the same place as SCIC) in person with the following:

1. Evidence of my medical degree [must be in English]
2. A passport-sized photograph,
3. Certificate of Registration from the medical authority where I was last registered
4. Certificate of good standing (COGS) from every jurisdiction in which I had been registered in the last five years. This must be dated within 3 months of the time you register with the Medical Board. It should be sent directly to them from the GMC. Just give GMC a ring 2 months before you leave and they will sort it out for free.
5. Evidence of English proficiency – certified copy or original of “O” levels/GCSEs or letter from secondary school confirming attendance.
6. Email from EICS confirming receipt of application.
7. Identification by passport.
8. Two character references dated within the last two years from any persons who have known you for more than 12 months except family – this must be a character reference rather than a professional reference (I got 2 friends to write these after they rejected my professional ones!).
9. \$270 Registration fee and \$220 Application fee

All documents must be originals or certified photocopies. Uncertified copies will not be accepted.

### Medical Indemnity

I needed medical indemnity to cover work at the private hospital (public hospitals are covered). UK indemnity does not extend to Oz so I had to cancel my MDU while I was there. I joined MIPS. Their website is very clear. I emailed them and they sent me everything I needed.

### **The Fellowship**

#### Arriving and getting settled.

We could not have asked for two more generous and welcoming hosts than Professor and Alex Gibson. It was like having surrogate parents for 6 months and, indeed, my 2 year old daughter rapidly took to calling Alex “granny”. Having read the reports from previous fellows, I had some expectations of this but even these were rapidly surpassed. Despite being on holiday, they had arranged for us to be picked up from the airport by their son, Hugh, and taken to their home in Balmain. We were left with both the house and car keys and told to make ourselves at home!

Renting can be very awkward in Sydney as, not only are most properties unfurnished, but estate agents have open viewings for a single 20 minute slot for each property at the weekend. Essentially this means you are looking at the house with 40 other people and the first person to get their application in wins. We were extremely fortunate in that a property came up in Balmain that was both furnished and “viewing by appointment only”. Having badgered the agent repeatedly until they showed it to us, we had our application in before anyone else had seen it.

#### The Location.

Sydney is an incredibly beautiful place. Almost wherever we travelled there was an exceptional view to be had. There were numerous beaches and parks to hang out in at the weekend, inevitably all with their own built in “aussie barbie” to throw on a bit of lunch. This could be bought at one of the food markets where the farmers would come from all over New South Wales, thinking nothing of travelling for 5 hours to sell their produce. The aussies love a good party, so there was some sort of organised celebration going on virtually every weekend in the summer. This included Australia day, Chinese New Year, the 75<sup>th</sup> birthday of the Harbour Bridge, the circus festival, even the Queen’s birthday was a public holiday (no wonder they did not want to become a republic!). We would highly recommend Taronga zoo (yet another spectacular view across the city) and, on the rare occasion there was rain, there were some very good museums, swimming pools etc.



My children and I trying to decide whether we liked Sydney.

### Clinical Experience.

Professor Gibson works at 4 hospitals, covering both public and private inpatient and outpatient work with his private rooms being attached to the Royal Prince Alfred.

### Royal Prince Alfred.

#### Rooms:

A mixture of public and private patients were seen. Prof sees approximately 20 new patients per week of which 10-15 are referrals for electrocochleography (ECochG) and 3 are for promontory stimulation as part of the cochlear implant candidacy assessment. This meant there was a large variety of otology and in particular tertiary referral complex Meniere's patients to see. I initially sat in with Prof and discussed the cases and was taught how to perform transtympanic needle placement for the above tests. There was also plenty of opportunity to carry out transtympanic injections of steroid and gentamicin in appropriate patients. As time progressed I saw patients alone and then presented them. Because of his expertise in electrophysiology, Prof has developed a robust method of ECochG using both click and tone burst stimulation and has enormous bank of data (over 5000 patients) with which to compare against to determine normality. Prof has 2 supporting staff, Cathy and Rose, who handle administrative duties. Cathy also performs both the ABRs and ECochG. She has a great deal of experience in this and was very helpful in teaching how to set the computer up to perform the tests and interpret the results. During these sessions I could also work on research if desired.

### Hospital:

There was one outpatient session with the registrars on alternate weeks which was general Otolaryngology. Prof has one theatre session per week with both the fellow and the registrars. As the fellowship progressed I was able to supervise the registrars operatively, giving valuable teaching experience. I also took the chance to join Dr David Pohl in theatre, seeing some vestibular schwannoma surgery (they use a standard retrosigmoid approach for all tumours, combining with a translabyrinthine if necessary) and a posterior semicircular canal occlusion.

I also visited Professor Halmagyi, a neurologist with an interest in vestibular disease whose department is next door. He was extremely welcoming and was only too happy for me to sit in with him and discuss cases, so I got to see dizziness from a neurology perspective. He also runs the vestibular investigation department which enabled me to get experience seeing some of the more unusual tests including static bias and both cervical and ocular VEMPs.

### Westmead Children's Hospital

This is where Prof does his paediatric surgery. He does one full session per week and a further session on alternate weeks. Hearing assessments are done under GA including electrocochleography, ABR and transtympanic electric ABR (ttEABR). Here I continued my electrophysiological training, becoming conversant with these latter techniques. The testing sessions were a great time for discussion with both Prof and Dr Halit Sanli and Kirsty Gardner-Berry (one of the SCIC audiologists). Halit is an electrical engineer who has worked with Prof for 18 years and clearly they have a very good relationship, having developed the tests together. I was also able to gain experience at placing the "golf club" electrode, one of the vital components to ttEABR. The cochlear implant surgery on the smallest and most complicated children is done here. This included primary surgery on children as young as 6 months old, revision surgery and congenital abnormalities including CHARGE, common cavity and Mondini's. Towards the end Prof allowed me to operate "solo" as well as supervising the next fellow just before I left.

### The Mater Hospital

We did one all day operating session here on alternate weeks. This would be an 11-12 hour session allowing a great deal of work to be done. Most of the cochlear implant surgery was done here, as well as bone-anchored hearing aids, stapedectomies, exostosis surgery, mastoid disease and surgery for Meniere's disease including sac removal. Prof and I would work as a team, doing half the operation each while the other assisted. This allowed both excellent supervision and a good deal of autonomy: an excellent otological "finishing school". Prof has done over 1000 cochlear implants and as such has a huge raft of experience to share. At the end either Halit or Kirsty would perform implant EABR to check the device, allowing further opportunity to gain electrophysiological experience.

## The Sydney Cochlear Implant Centre (SCIC).

This is essentially an outpatients service situated in Gladesville in an old psychiatry hospital from 100 years ago, so has some pretty incredible buildings. Soon after I arrived they moved into their newly renovated building with state of the art facilities, that was officially opened by Michael Howard (the Prime Minister). The set up here is fantastic. There are about 30 full time staff devoted entirely to the cochlear implant program. We would have a weekly lunch time meeting with all the staff to discuss patients. This included video conferencing the satellite service at Newcastle which had just been set up (just down the road in Australian terms – 2 hours drive!). Then there was a paediatric clinic with both general, otology and cochlear implant patients once per week. There was ample opportunity to visit the audiologists to see assessments at various stages of the implant process, to sit in with Halit while he did implant integrity tests or to do research.

One of the many highlights of the fellowship was attending the annual fundraising dinner. This included a live auction hosted by one of the top Australian radio DJs and then speeches by some of the implant recipients/parents. There were some great stories but perhaps the best was from Prof himself, relating his first paediatric patient. She had been implanted at the age of 4 following an episode of meningitis when she was 2 and had subsequently stopped speaking. There was a great deal of opposition to her being implanted but, despite this, her mother went ahead. Prof was particularly proud as she had been to see him earlier that day to say thanks as she had just graduated from Sydney University in Law with 1<sup>st</sup> class honours!! This was also great for me as it gave my wife a chance to really understand what an amazing device a cochlear implant is. She will not mind me saying that she was moved to tears by some of the personal accounts given.

## Research.

Prof is an incredible thinker and generator of ideas so there was virtually an unlimited supply of topics to research. I was involved in several studies which I will hopefully be publishing.

Magnetic Resonance Imaging of Endolymphatic Hydrops and Correlation with Electrocochleography.

I set up a clinical trial using transtympanic gadolinium with MRI to examine the endolymphatic compartment in patients with and without Meniere's disease and correlate this to electrocochleography. This was in collaboration with Dr Geoff Parker, the neuroradiologist at RPA. The study required submissions to the local ethics committee, the clinical trials sub-committee and the Therapeutic Goods Administration of Australia. We have also examined the imaging characteristics of different concentrations of gadolinium during T1, T2 and FLAIR.

Clinical Electrocochleography in Meniere's Disease: the Value of Low Frequency Stimulus Biasing.

I supervised Dr Claire Iseli, a junior registrar, in instituting a study examining the role of low-frequency biasing in electrocochleography, assisting with the ethics proposal.

#### Short-term Hearing Fluctuation in Meniere's Disease.

I assisted Celene McNeill, an audiologist who works closely with Prof, in writing a paper examining the day-to-day hearing fluctuation in Meniere's disease. I have subsequently presented this at the North of England meeting in September 2007.

#### The Association of Codeine and Bilateral, Severe Sudden or Rapidly Progressive Sensorineural Hearing Loss.

A case series of patients requiring cochlear implantation who have a history of heavy codeine use.

#### Intraoperative Electrocochleography during Stapedectomy.

A case series of the results from this technique, which Prof routinely uses to monitor hearing levels.

#### Teaching

As well as operative teaching I was part of the faculty on the Sydney Temporal Bone course, teaching temporal bone dissection and also gave 2 lectures on the management of Meniere's disease.

#### Courses

I also had the opportunity to visit Adelaide and participate in Professor PJ Wormold's 1<sup>st</sup> Advanced Endoscopic Skull Base dissection course. This was particularly interesting as we were split into teams of one ENT surgeon and one neurosurgeon, learning the "4-handed technique". This meant I did the approach work and then the neurosurgeon disappeared off into the pituitary, the clivus and the anterior cranial fossa – sites I would normally hope never to see in my usual FESS work!!

#### The People.

More than anything else (even the fabulous location!), it was the people I got to work with that made this fellowship so special. Everybody, without exception, was incredibly warm and welcoming, friendly and helpful. I would like to thank the staff at SCIC and Cathy and Rose at Prof's rooms, as well as all the staff at the various hospitals, from outpatients to theatres, for making this such a positive experience. I would also like to thank all the doctors who invited me into their clinics and theatres (Dr David Pohl, Dr Glen Croxson, Dr Cathy Birman, Associate Professor Melville Da Cruz and Professor Halmagyi) and all the junior doctors that taught me how the Australian system works (Dr Claire Iseli, Dr Michael Kerr, Dr Jonathan Kong, Dr Piera Taylor).

More than anyone else, however Prof and Alex, are the people that make the fellowship what it is. We were made to feel instantly at home despite the fact that we had barely met them. Both clinically and academically this was a fantastic fellowship. Prof is an excellent clinician with vast experience and loves to discuss cases and research so there was a great deal to learn. There was also plenty of hands on

experience to be had. Beyond that, we were very well looked after throughout the fellowship. When illness and injuries struck both Prof and Alex were incredibly supportive and helpful and we are without doubt indebted to them. It was quite a strange feeling leaving after 6 months, knowing it would be some time before we saw our good friends again.

I think it only fair to end as I began: with a great deal of thanks to the Graham Fraser Foundation for giving me this unique opportunity and to Prof and Alex for making it so.



Saying goodbye to our friends: My wife Mary with Rosie, Claire Iseli, Me, My wife's uncle Philip, Kirsty Gardner-Berry, Alex, Steve (Kirsty's partner and SCIC computer maestro), Prof, Halit.