

Doctors in Training Grant

PRELIMINARY REPORT



1. "Me, hard at work," Dr Nick Barton.

Dr Nick Barton

Clinical Fellow in Cardiothoracic Anaesthesia & Intensive Care

Royal Papworth Hospital
NHS Foundation Trust
Cambridge, United Kingdom



In February 2022 I commenced a 12-month clinical fellowship in Cardiothoracic Anaesthesia and Intensive Care at Royal Papworth Hospital NHS Foundation Trust in Cambridge, United Kingdom.

My interest in pursuing a fellowship in Cardiothoracic Anaesthesia had been piqued during my provisional fellowship year at St Vincent's Hospital in Melbourne, where there is good exposure to adult cardiac surgery as a fellow and significant expertise in transoesophageal echocardiography (TOE) in the Anaesthesia department. After 6 months working in the intensive care unit (ICU) at the Royal Children's Hospital Melbourne I realised I also wanted to learn more about mechanical circulatory support. The fellowship at Papworth Hospital seemed like a perfect fit.

The Cardiothoracic Anaesthesia and Intensive Care fellowship at Papworth Hospital takes advantage of Papworth's status as one of Europe's leading specialist cardiac centres. Papworth is the UK's leading heart and lung hospital, one of 5 specialist extracorporeal membranous oxygenation (ECMO) centres in the UK, and one of only two to combine ECMO and heart and lung transplant services. The first successful heart transplant in the UK was performed at Papworth in 1979, and today more heart and lung transplants are performed at Papworth than at any other UK hospital. Papworth is one of the only centres in the world where pulmonary thrombo-endarterectomy surgery is routinely performed, and in my first 3 months here I have had an opportunity to provide anaesthesia in one of these cases.

The 12-month fellowship at Papworth offers me an unrivalled opportunity to participate in the perioperative management of high-volume, complex cardiac and respiratory patients, both intra-operatively in theatres and cardiac catheter laboratories, and post-operatively in the ICU.

Our arrival to Cambridge, on a typically unpleasant British February morning, was brightened somewhat by verifying that our accommodation for the year was in fact as nice as it appeared in photos. One of the advantages of undertaking an overseas fellowship that is reasonably well-trodden for Australian cardiac anaesthetists is that invaluable knowledge is handed down from those who have been before. A colleague in Sydney who had just returned from Papworth had suggested both the use of a relocation agent to find somewhere nice to live for a year, as well as areas of the city to avoid. Both pieces of advice proved to be enormously valuable and we quickly settled into our little house in the heart of Cambridge city, where thankfully everything worked including the underfloor heating. The first week of our time in the UK was soured somewhat by positive COVID tests for the whole family, which delayed my start at Papworth by a few days and mandated a crash course on the Uber Eats

Doctors in Training Grant PRELIMINARY REPORT

Dr Nick Barton

Royal Papworth Hospital NHS
Foundation Trust
Cambridge, United Kingdom



2. Royal Papworth Hospital (Photo credit: Royal Papworth Hospital). Papworth is Europe's leading specialist cardiac centres.
3. Nick's view of Papworth from the bus on his first day



4. The Papworth theatre environment

options available in the greater Cambridge area. One week after landing in the UK I had recovered and was on the bus to the "new" Papworth Hospital nestled in the heart of the evolving Cambridge Biomedical Campus. It is an impressive facility, tailor-made to deliver cutting-edge cardiothoracic care, with a far greater proportion of critical care/ICU beds than in any hospital in which I have worked.

After a couple of days of induction, I launched into my fellowship with several days in theatre in my first week. The fellowship program at Papworth is centred on regular in-hours and out-of-hours experience in cardiac surgical theatres conducting anaesthesia for elective, semi-elective, and emergency patients requiring the full range of cardiac and thoracic surgery, including heart and lung transplantation. Somewhat dauntingly for (some) Australian Anaesthesia trainees, there are regularly rostered shifts in the ICU caring for (primarily) post-operative patients and critically unwell patients awaiting surgery. In my first 3 months at Papworth roughly 40% of my clinical time was in ICU (including night shifts). As well as post-operative patients, the ICU patients may have been retrieved to Papworth after presenting emergently elsewhere, or be patients whose decline has accelerated and who have been admitted for optimisation while awaiting transplantation. These patients frequently require various forms of mechanical circulatory support. When I arrived at Papworth the vestiges of 2021's COVID second wave were still very evident – on my first day in the ICU I met several patients critically unwell on long-term (i.e. months) of veno-venous ECMO for COVID pneumonitis.

As part of the fellowship program, my colleagues and I contribute to the regularly scheduled didactic teaching program for medical students, registrars and other fellows, and provide practical teaching to students, registrars and other health professionals in theatres. Each fellow at Papworth has an educational supervisor to tailor the learning opportunities to individual requirements. A major focus for my fellowship is to attain proficiency in TOE, which is a core clinical skill for cardiac anaesthetists all over the world. I have had excellent exposure to TOE as a registrar and provisional fellow but I had never had much "hands-on" experience until this year. In the first couple of weeks of my fellowship I investigated the various accreditation options available and ended up beginning the process with the European Association of Cardiovascular Imaging (EACVI) and European Association of Cardiothoracic Anaesthesia and Intensive Care (EACTAIC). This involves a written exam, which I will sit in November 2022, and submission of a detailed logbook of TOE studies I have performed, including images and detailed reports from a selection of logbook cases. I have also registered to attend TOE courses and workshops in London in May and Zagreb in June.

As well as London and Zagreb, we have a few other European adventures planned. The proximity of Cambridge to London, and London Stanstead airport in particular, has proved a bonus for us this year. Friends from medical school and colleagues from training are also in the UK for fellowships and meeting up with them to compare notes and swap tips on navigating the NHS has been of great benefit. Both my wife and I have siblings in Europe this year too, which has meant we have already been over to Europe a couple of times in our first 3 months, and had visits from family to Cambridge.

Overall it is clear already that the exposure to high volume complex cardiac cases at Papworth will be of great personal benefit in my professional development as an Australian cardiac anaesthetist.

I have spent roughly 60% of my clinical time in theatres in the first few months at Papworth, which has involved management of anaesthesia for roughly 50 cardiopulmonary bypass cases. I think that a fellowship in cardiac anaesthesia is excellent professional preparation for any anaesthetist – not just those who will have regular cardiac surgery lists. Unwell cardiac patients will appear on routine non-cardiac operating lists - in any hospital, at any time. I think my experience at Papworth will benefit my community at home by enhancing and complementing my development as a competent and safe anaesthetist for all patients – from those presenting for ostensibly simple day-procedures, through to complex cardiac patients requiring mechanical circulatory support.

Each year MIGA's Doctors in Training Grants Program offers six grants of \$10,000 to assist Doctors in Training whilst pursuing advanced training opportunities. Many different training types are eligible - visit our website to find out more and to apply.

If you're interested in applying for our DIT Grants Program, you must have medical indemnity insurance with MIGA. Thankfully, obtaining cover with MIGA is quick and easy using our Online Application Form.

We recognise that your insurance needs change throughout your career, and offer different levels of policy cover for each career stage.

If you have any questions, simply contact our expert team.

General Enquiries and Client Service 1800 777 156

Claims and Legal Services 1800 839 280

Website www.miga.com.au

Email miga@miga.com.au

