Doctors in Training Grant

FINAL REPORT

Commuting to Guy's Hospital by bicycle during the Covid-19 lockdown past St Paul's Cathedral.

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Fellowship in Clinical Research

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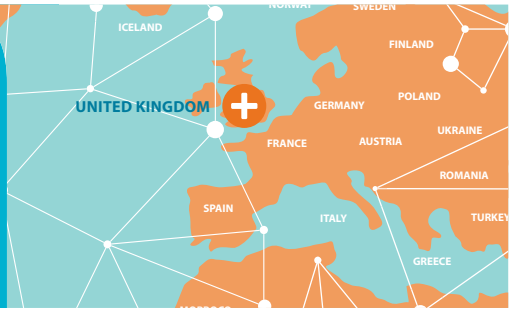

I had the honour of completing a year of training as a Clinical Research Fellow at St John's Institute of Dermatology, London. St John's Institute of Dermatology is one of the world's largest centres for patients with skin disease, managing common and rare conditions requiring treatment not available elsewhere in the world. The opportunity to train at St John's is a true privilege and I was genuinely excited by the clinical experiences, academic opportunities, and the personal development as a Fellow in the UK.

My first few weeks were a blur of new faces, systems, mandatory training and learning about cultural nuances. One thing that struck me was the sheer population density in London. Daily commutes on the tube were a hot affair, even in the depths of winter, due to the mass of people using the tube during rush hour. I quickly bought a bike and enjoyed cycling past many of London's iconic landmarks on my commute from my home in Camden to Guy's Hospital in Southwark. This population density contrasted against the finite resources of the National Health Service – a reality that became even more apparent as the Coronavirus pandemic escalated. St John's is a specialist tertiary dermatology service, receiving referrals from General Practitioners, medical and surgical specialists, and other renowned dermatology services throughout the whole UK. I was therefore amazed by the caseload and complexity of patients managed by the unit.

My roster reflects this broad caseload, with 1-2 general clinics, a general paediatric clinic, and seven specialty clinics per week. Specialty clinics include cutaneous lymphoma, photodermatology, phototherapy, immunobullous disorders, hidradenitis suppurativa, severe eczema and psoriasis, and skin cancer screening. The specialty clinics are run much like I am used to in Australia with an attending model. General clinics are a particularly formative experience, as each clinician is assigned a list of 10-12 patients per session (in contrast to 6-8 patients assigned to each registrar in Australia). Furthermore, each consultant has their own list of patients per session, and although questions were encouraged, I soon learnt that running each patient by a consultant, as is the case in Australia, was not feasible. Fortunately, training in Australia has set a solid foundation of knowledge for safely and appropriately investigating and managing patients with common dermatologic conditions. I am enjoying the challenge and ownership of investigating new patients and commencing appropriate therapies with the use of clinical guidelines and evidence-based practice. This has rapidly developed my clinical decision-making skills.

The specialty clinics have been incredibly stimulating and have allowed me to see so many conditions that are extremely rare. It genuinely feels like I am at the forefront of discovery in dermatology while working at St John's.

Whenever I see a rare condition and perform a literature search to read about the condition, the first cases are invariably described at St John's. Conditions that I have been involved in managing include congenital erythropoietic porphyria, anaplastic large cell lymphoma, scleredema and other rare cutaneous mucinosis, generalised lichen myxedematosus, and necrobiotic xanthogranuloma. A highlight of the first few months in clinic was managing a case of compound heterozygous variegate porphyria, which has only been described in

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1. Guy's Hospital, Southwark, the home of St John's Institute of Dermatology
2. A weekend trip to Barcelona two days prior to mandatory lockdown throughout Spain
3. Redeployed to Emergency Medicine in Australia during the Covid-19 outbreak

approximately twelve patients. The ability to work in specialised clinics alongside supervisors who are world-class and at the forefront of research has been phenomenal. In fact, multiple supervisors have edited and written chapters in the main textbooks prescribed on our reading list. They are a wealth of knowledge and are more than happy to teach between the lines during each clinic.

Importantly, I have also been exposed to a range of patients with diverse cultural backgrounds and with different skin types. London is the ultimate melting-pot of ethnicities and cultures. I am enjoying working in a multidisciplinary team to provide care to patients from various cultures and backgrounds. As such, I was struck by the quality of the cultural competence training for workers in the NHS. I plan to supplement this learning by completing cultural competence modules run by the Centre for Cultural Competence in Australia.

The day before I left Australia for London, Wuhan was placed into mandatory lockdown due to the Covid-19 outbreak. Although the threat of Covid-19 was always apparent since January, life was relatively normal in London until mid-March. I was even able to enjoy quick weekend trips to Paris and Barcelona prior to their respective outbreaks. It became clear, however, in mid-March, that Covid-19 had descended on London and the UK. The coronavirus pandemic struck London with greater rapidity than I could have imagined. A week felt like an eternity, and each day brought with it more emergency meetings and taskforces within the hospital. A decade of austerity in the NHS placed an immediate strain on all non-essential services, and there were immediate reductions in the number of patients seen in clinic. It was incredible to see such a large service pivot into providing telehealth consultations and managing complex patients from afar. The 24-hour news cycle updated us from Italy and other heavily affected countries, and it felt inevitable that the UK was headed for a similar outcome. Complicating this was an apparent lack of personal protective equipment across the UK and a rising number of healthcare workers afflicted by Covid-19. In addition, all educational activities and conferences, including the British Association of Dermatologists Annual Meeting, were cancelled.

It was with a heavy heart that I booked a last-minute flight home to Melbourne in order to support the Australian healthcare system during the pandemic. The decision to return home prematurely was based on concerns about our health during the pandemic and our desire to provide care to Australians during a period of intense need. Scrutiny persists on the British Government's response to the pandemic and there is likely further health and economic pain on the horizon. Fortunately, the situation in Australia has been starkly different to the UK, and it appears, at time of writing, that we have flattened the curve effectively. I have redeployed myself to an Emergency Department for a few months, and plan to recommence work in Dermatology by mid-year.

My experiences in the UK this year have been exceptional, and it has truly been a formative professional and personal experience for me. Although the year has been marred by uncertainty and immense world pain, I am thankful for the opportunities provided to me and glad to be able to assist during these unprecedented times. Thank you to MIGA for their support with the DIT Grant, without which I may not have been able to return home during the Covid-19 outbreak.