

infected prostheses, a guided tour of the hospital, a visit to operating theatres and sawbones workshop with various implants.

Lunch was followed by more talks on spine surgery, osteoporotic fractures, degenerative spine disorders and minimal invasive endoscopic nucleotomy. We adjourned to the Alter Zoll beer garden for the rest of the afternoon. We were given a short tour of Bonn before we met up with Prof Wirtz and team for a farewell party at Bönnsch restaurant. We said our farewells to each other long into the night and left Germany the following morning.

The Spring EFORT Fellowship was very well organised. Our German hosts were most hospitable and friendly. They were highly skilled surgeons and the theatres ran with Teutonic efficiency. The cities we visited were beautiful. The Germans are very public-spirited and take pride in caring for their environment. The trip provided me with a better appreciation of orthopaedic training and service organisation in Germany and other parts of Europe.

Our group of travelling fellows got on really well together and we felt we grew to know each other well. The quiet ones

became the loudest and those who were initially hesitant about speaking English became fairly eloquent by the end of the trip, especially after a few drinks. I enjoyed the different cultures, expressions and accents among my European colleagues. We enjoyed our time together and developed good friendships during the week. I'm sure our paths will cross again.

I am grateful to EFORT and the BOA for the opportunity to learn from each other in such a stimulating environment and would strongly recommend the Travelling Fellowship to others. ■

The Soli Lam Spinal Fellowship Award

Michael J H McCarthy – AO Spine Fellow, AO Spine Reference Centre, Princess Alexandra Hospital, Brisbane, Queensland, Australia, 2010/11

Fellowships abroad can be very costly, especially in the current economic climate. This report is about my fellowship in Brisbane Australia, an experience that I would not have been able to benefit from had it not been for this generous award.

I heard about the Fellowship after asking several spinal consultants in the UK where they would recommend. The job is well known in the spinal community and applications can be made either through the AO Spine website or by direct contact with the Fellowship director Dr Williams. The unit has strong ties with the UK and many of our Consultants have been trained there including Robert Crawford, Paul Thorpe, Dave Fender, Otto von Arx, James Cordell-Smith, Doug Hay, Alex Gibson, Matt Shaw, Eugene Verzin, Rob Lovell and Dave Dillon.

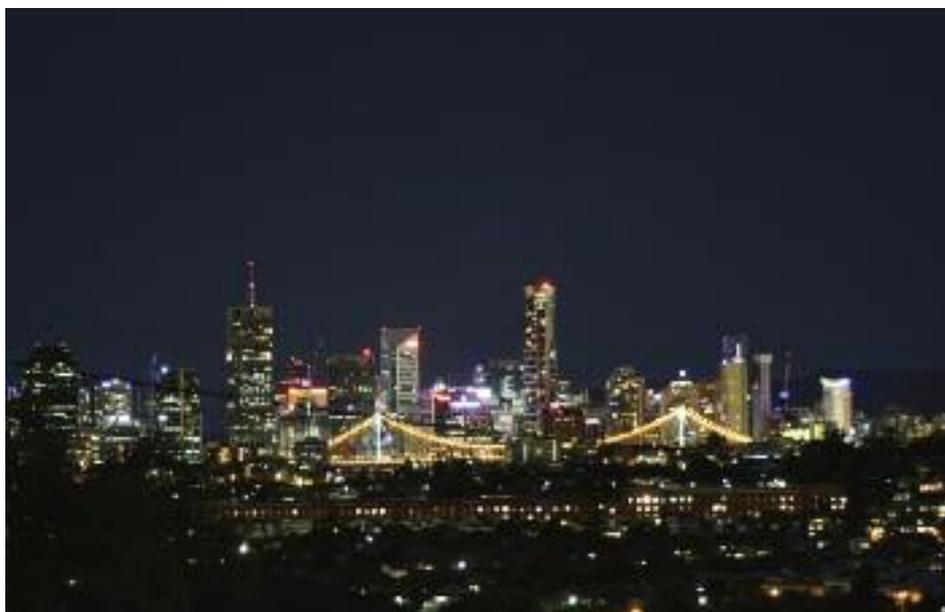
Indeed both Richard Williams and Geoff Askin, my supervisors did their own Fellowships here in the UK in Nottingham under John Webb. I applied for the post two years in advance in 2008 by emailing Dr Williams. He asked for my CV and two spinal referees. I was appointed shortly afterwards and started to make my preparations. I saw the Soli Lam Spinal Fellowship Award in the Annals of the Royal College of Surgeons of England and decided to apply.

Arranging a Fellowship in Australia is a lengthy process and takes many months. Fortunately, the Brisbane AO Centre employs an administration coordinator who assists in the whole process. I had to apply to the Royal Australasian College of Surgeons, the Australian Medical Council and the Medical Board of Queensland. Once my applications were approved I submitted my e457 business



visa application to the Australian Government. I had to have a formal medical examination, chest X-Ray and blood tests and show evidence of private health insurance and travel insurance. Only then would my travel agent allow me to book a one-way flight to Australia! Interestingly, airlines do not allow you to book international return flights if the time between the outbound and inbound flights is greater than one year.

We arrived in Australia a week before the job started in order to settle in to our new rental accommodation, arrange cars, electricity, telephone, a school for our eldest child and of course to meet the outgoing Fellows and get the real low down on the job. Rented accommodation in Australia is generally unfurnished but fortunately we were able to find a house with two beds and a sofa! This made the initial two nights slightly more



Brisbane Skyline



The Princess Alexandra Hospital

comfortable in the presence of no electricity which took three days to be connected!

The centre employs two AO Spine Fellows each year. The fellows rotate spending the first six months with Dr Richard Williams and the second with Dr Geoff Askin and vice versa. I spent the first 6 months with Dr Williams doing predominantly adult degenerative surgery and the second 6 months with Dr Askin focusing more on paediatric deformity. I worked in both the private and public health sectors, the public hospitals being Princess Alexandra Hospital (AO Reference Centre) and the Mater Children's Hospital. I assisted in surgery at both the Brisbane Private Hospital (Dr Williams) and the

Mater Private Hospital (Dr Askin). The spinal unit at the PAH is made up of six Consultants (pictured). I have to say it took a while to get used to being called Dr again and now that I am back in the UK it is just as hard calling myself Mr!

Whilst working for Dr Williams you are expected to coordinate the care of the spinal trauma patients at the PAH and for Dr Askin the care of the scoliosis patients. During the year you are expected to be involved in two research projects and submit them for presentation at the Spine Society meeting with view to publication in peer-reviewed journals. The research side of my job was done through the Queensland University of Technology (QUT) under the supervi-



The Spinal Team, Mike McCarthy, back row left.

sion of Dr Williams and Dr Ben Goss (AO Asia Pacific Research Lead).

I was on call every other week for eight months and for the remaining four months every third week. The on-call commitment consisted of managing emergency cases at the public hospitals. The Spinal Injuries Unit in Queensland is located at the Princess Alexandra Hospital and I was exposed to a very high volume of spinal trauma. It was an intense learning experience with a steep learning curve. I was the principal surgeon in the Public Hospitals and generally performed half of each operation during the private cases. The Spinal Fellow was very much treated like the Senior Registrar of days gone by in the UK.

There was very much an attitude of "don't hesitate to cope" and "well get on with it then" (though in reality there would always be support and back up if needed). This made the job somewhat different to the current training in the UK. I think there would be very few centres in the UK that would allow the Fellow to fix fracture-dislocations of the spine totally unsupervised. This was highly stressful but no more so than becoming a newly appointed Consultant and being faced with exactly the same injuries and the same task at hand - for which I now feel more prepared.

I was involved in around 350 spinal cases during my year. Of particular note I gained experience in the techniques of fracture fixation, pedicle screw insertion, iliac screws, C2 pedicle screws, endoscopic scoliosis correction, dynamic growing rod scoliosis correction, sublaminar wires, kyphosis correction, pedicle subtraction osteotomy, tumour resection and reconstruction (including the Tomita procedure and front/back en bloc spondylectomy), percutaneous pedicle screw fixation, translaminar screw insertion, C1-2 fixation (Harms technique), occipitocervical fusion and the use of the O-arm and biomodels.

The Australian politics are somewhat different to those in the NHS. The medical staff dressed appropriately and smartly. Shirt and tie and bare only below the wrists! The infection rate was no different to that in the UK in the public hospital and seemed even lower in the private hospitals where each patient had their own room with no curtains around the bed! The service was very much led by the Consultants and what they said went. There was no insubordination in the ranks and common sense prevailed. I remember quite clearly the very unfriendly obstructive and argumentative radiographer who came into our theatre one day. He didn't work at that hospital



Brisbane River fire

very long! The attitude of the staff in the public system was similar to that in the NHS. In the private system however it was an attitude of can do. This was principally because staff were being paid on an item-for-service basis. Quite simply the more they did, the more they got paid so there was no complaining. Although there were working time rules for the junior doctors in the public training hospital posts the way it worked beyond these hours was simple. The work had to be done and they got paid for the additional hours! My personal record was 117 hours one week on call and they called me heat seeker! I regularly clocked 50-60 hours during a normal working week and around 80 hours when on call.

During the year I obtained one publication in a peer reviewed journal: "The influence of the energy of trauma, the timing of decompression, and the impact of grade of SCI on outcome."

M.J.H.McCarthy, S.Gatehouse, M.Steel, B.Goss and R.Williams. **Evidence Based Spine Journal 2011; 2: 11-17.**

I presented 3 oral papers at the Spine Society of Australia Annual Meeting in Melbourne (which I am currently writing up): "Complications of the use of BMP in a single surgeon cohort of 300 Patients: RhBMP2 versus RhBMP7 a survivorship analysis in lumbar spinal surgery", "a radiological analysis of early failure of cervical fixation for trauma in the subaxial cervical spine" and "Does posterior pedicle screw supplementation without posterolateral fusion improve anterior lumbar interbody fusion when using anterior cage and screw constructs? – a radiological study".

I had 2 poster presentations: "Screw Web PACS – is pedicle sizing accurate and reproducible on CT?" and "Implementation of the NICE guidelines for metastatic cord compression – do they make a difference?"



The River flood

I attended 4 courses and 1 meeting: August 2010, AO Advanced Lumbar Spine Course, Xian, China; September 2010, DePuy Lumbar Spine Course, Sydney, Australia, October 2010, Synthes Surgical Approaches Course, Brisbane, Australia; February 2011, AO Spine Masters Course, Sydney, Australia; April 2011, Spine Society of Australia, Melbourne, Australia.

Finally, I gave several talks/presentations at local meetings: Clinical outcome scores for low back pain; Non-fusion technology for low back pain; Epidural haematoma in spinal surgery and the use of anticoagulants; Early Onset Scoliosis; Anterior approaches to the thoracolumbar spine; and Whiplash syndrome.

Of course it was not all work, work, work although at times it seemed like it! During our year in Australia we experienced the EKKA (a yearly carnival), the Brisbane River Fire where F1-11 fighter jets fly though the city, the Great Floods of 2011 and of course the Ashes which

we won (pictured). We managed to see the Brisbane Lions, Reds and Broncos play rugby, AFL and football respectively and we watched as the sky turned green before a hail storm (pictured). We met lots of local wildlife including the Huntsman Spider, Golden Orb Weaving Spider, Christmas Beetle, Rhino Beetle, flying Cockroaches the size of my thumb, Portuguese Man of War Jellies, Rainbow Loricetes, Galahs, Crimson Rosella's, Kookaburras, Echidnas, Possums, Blue Tongue Skinks, Water Dragons, Green Tree Frogs and of course Crocodiles, Kangaroos and Koalas (pictured). Fortunately, we didn't meet any of the poisonous Queensland Red Back Spiders! We managed to drive from Melbourne to Adelaide along the Great Ocean Road and despite the rain we still had a BBQ for Christmas!

I am very grateful for the Soli Lam Spinal Fellowship Award and would recommend any enthusiastic spinal trainee going abroad on fellowship to apply. ■



Sky turning green