ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW
DENTISTRY

Ethicon Travel Grant

Please use typescript or CAPITAL LETTERS when filling out this form

SECTION 1 PERSONAL DETAILS	
Title (please circle): Dr	**PID:11064**
Surname: ABU-SERRIAH	
Forename(s): MUAMMAR	

SECTION 2 PROJECT DETAILS	
Scholarship(s) Awarded: Ethicon Travel Grant	**Amount Awarded: £**_900_____
Project Name: Head and Neck Oncology Tumour Stream	**Project Location: Melbourne, Australia**

Project Aims and Objectives:

1. Gain exposure to a different health service for head and neck oncology
2. To understand cancer patient care pathway and identify areas of service improvement
3. Witness the multi-disciplinary approach to managing patients with head and neck cancer.
4. Identify areas for collaborative research

Summary of Visit/Project *(including pictures, methodology, results and conclusion if applicable)*:

I would like to thank the Royal College of Physicians and Surgeons of Glasgow for awarding me this travel grant. The objective of this observership was to gain exposure to Head and Neck (H&N) Oncology Tumour Stream at the Royal Melbourne Hospital, Melbourne, Australia. I was fortunate enough to be able to visit the H&N Oncology Stream Services in Melbourne for two weeks under the supervision of prof Wiesenfield, the Head of Head and Neck Oncology at the Royal Melbourne Hospital.

Unlike H&N cancer services in the UK, the department of H&N Oncology in Melbourne brings together the expertise of Oral & Maxillofacial Surgeons, Plastic Surgeons and ENT and Radiation Oncologists under one roof.

The staff were friendly and accommodating. During my visit, I spent the time with head and neck surgeons, radiation oncologists, oral rehabilitation therapists, researchers, post graduates, and nursing staff. I was able to sit in on new patient consultations and learn about patient care pathway.

I spent approximately two weeks in Melbourne with the following weekly timetable

Day	**AM**	**PM**
Monday	Theatre	Theatre
Tuesday	MDT at PMCC	Clinic
Wednesday	MDT at RMH	Theatre
Thursday	Clinic	Meetings
Friday	Theatre	Meetings

I had the opportunity to visit the adult head and neck cancer services at the Royal Melbourne (Fig 1a) Hospital and the Peter MacCallum Cancer Institute (Fig 1b). I also spent one day at Children's Royal Hospital (Fig 2a) and had a meeting with Prof M McLough at the Royal Dental Hospital of Melbourne (Fig 2b). I sat in clinics and observed some surgical procedures (Fig 3a). I also had the opportunity to visit some of the world renown research facilities and meet some senior researchers (e.g. Prof Burgess) at the Walter Eliza Hall (Fig 3b). .

Fig 1: The Royal Melbourne Hospital (*left*); although it is a general teaching hospital, it is the hub for H&N Oncology for the State of Victoria. The Peter MacCallum Cancer Institute (*right*); this smaller hospital compared to the RMH.

Fig 2: The Royal Melbourne Children Hospital (*left*); it is a state of the art facility including an aquarium that has shark in it, and a zoo that has meerkats. The Royal Dental Hospital of Melbourne (*right*).

Good things

There are several aspects of H&N service in Melbourne that attracted my attention. These are the following:

1. Paperless communication

All communication between healthcare providers in H&N cancer is paperless. Referral letters, imaging, blood tests, pathology results and other forms of correspondences are made accessible via computer portal (called Verdi). GPs and dentists can contact specialist via Verdi and vice versa.

Letters or operative notes are dictated via a common phoneline. The clinician dial an extension number during the clinic or while in theatre and dictate to an automated service. This will then picked up by a 'typing team' who generate the notes and send it back electronically for verification prior to uploading it at Verdi.

2. The role of nursing staff and Head and Neck Specialist Nurse (HNSN)

Nursing staff are delegated various clinical governance tasks (Fig 3) and each is held accountable to that particular task.

HNSN seems to play more proactive role in Melbourne compared to the UK. In addition to supporting patients throughout cancer treatment, HNSN books preoperative assessment and organise various tests and imaging. They are also the first point of contact if patients have any queries regarding to their care including emergency contact.

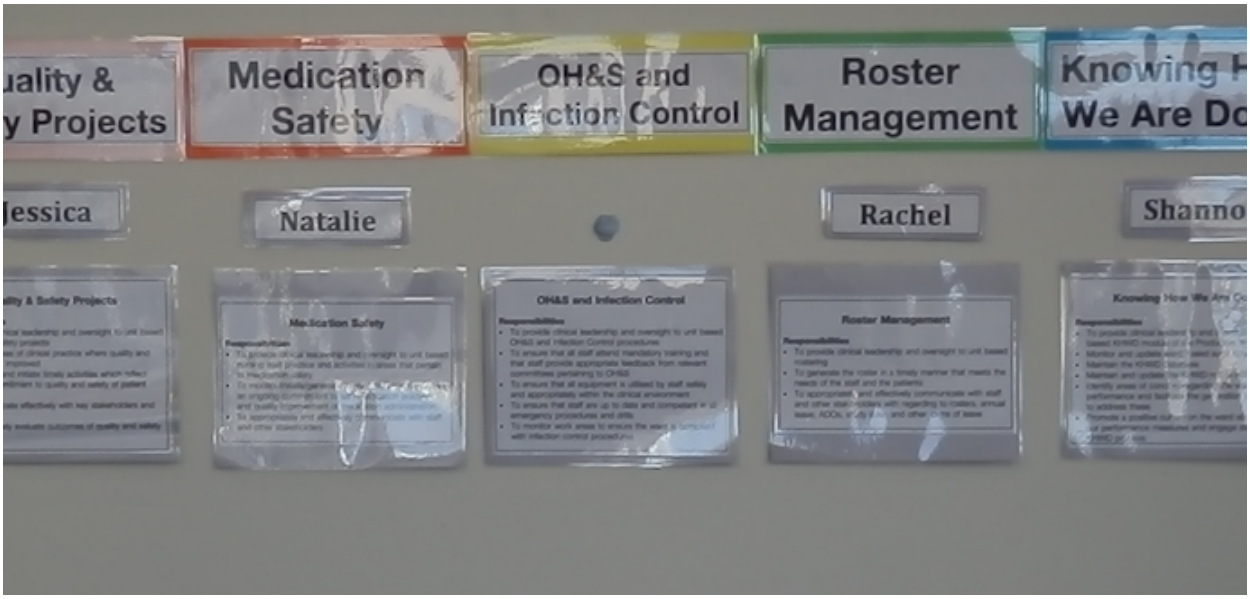

Fig 3: Examples of the governance tasks ward nursing staff are responsible for.

3. Adaptations to geography

Australia is a vast country. Melbourne cancer services take patients from all of state of Victoria. This means that some patients may travel up to 7 or 8 hours. Without efficient booking and follow-up system, any treatment may present patients with a great burden.

Therefore, various tests are lumped together in one date and follow-up appointments are spread out to minimise patients and relative inconvenience. For instance, bloods, staging CT and MRI and cardiopulmonary tests are all organised in one day. Unlike in the UK, monthly follow-up during the first year of cancer treatment is perceived too frequent and patients are reviewed 8 weeks instead when appropriate.

4. Surgical care

Although theatres are not better equipped than in the UK, they ran more efficiently. The patient was anaesthetised directly on operating table in the operating room. This eliminated the step of patient anesthetising in the anaesthetic room on a trolley, bringing the patient into operating room and then transferring and positioning the patient. The patient was on operating table no later than 08:30 am.

Furthermore, operating time was not delayed by getting scrubbed nurse ready, and ITU or HDU bed availability.

Theatres were very well equipped with state of the art surgical instruments, and there were plenty of theatre nursing staff (Fig 4).

Fig 4: Operating room at the RMH (*left*); a case of a patient with recurrent ameloblastoma who had segmental resection of the mandible and reconstruction with fibula flap. A case of total thyroidectomy for follicular carcinoma at the Peter MacCallum Cancer Institute (*right*).

Following surgery, patient were nursed in dedicated head and neck ward with 1:2 or 1:3; nurse: patient ratio instead of ITU or HDU. Similar model is also being adopted in Jacksonville, Florida and Brisbane, Australia, unlike the UK. This has significant cost implications.

5. Procedural coding

I was impressed by that fact that every case done in theatre must be coded prior to patient sign out. There was a big manual in theatre to which surgeons and theatre staff refer to in order to ensure accurate procedural coding. This ensures appropriate pay to hospital. This practice is not common in the UK, as most coding is carried out retrospectively (after patient discharge) and by non-clinical staff. Inaccuracies in coding in the NHS are recorded to be above 35% to 40%. This meant financial return may not be accurate.

6. Private vs. public healthcare services

Every Australian citizen has access to public healthcare subject to tax contribution. This tax will be waived if the individual elects to subscribe to alternative usually private healthcare. Therefore, almost half of the population in Melbourne has private insurance a figure much higher than in the UK. As a result, same procedures are much better paid in Australia compared to the UK. Although this may be attractive, the strong private practice meant that in some occasions, clinicians are not available for public practice.

7. Patient information

In addition to clinicians and HNNS, patients have excellent access information about their disease the care pathway. This was facilitated by both a library-like stop (Fig 5) just next to the main entrance of the hospital. The area is well presented and attractive (cannot be missed), and had comfortable seating area where patients/relatives can sit and read or pick up relevant leaflets.

Fig 5: Australian Cancer Survivorship and Information Centre; a library-like area near the main entrance of the PMCI.

Information can also be sought contacting non profit organisations such as Cancer Council Victoria (Fig 6).

Fig 6: Example of other source of cancer information and support.

8. Oral & Maxillofacial (OMFS), ENT, and Plastic Surgery

The Royal Melbourne Hospital is unique in terms that H&N surgery is carried out by OMFS, ENT and plastic all at once. For instance, a patient undergoing partial glossectomy, neck dissection and free tissue transfer, will have his tumour resection carried out by OMFS surgeon, the neck dissection by ENT and the free tissue reconstruction by Plastic surgeons. While this may appear attractive it has its drawbacks. It is expensive, and it makes treating each cancer case dependant on the 3 different specialities agreeing on a common date for surgery. But considering the fact that most patients treated are funded privately, providers may not mind excessive cost, unlike NHS hospital where fund is limited.

9. Tissue Biobank

I was impressed to see a dedicated Biobank representative attending outpatient clinics ensuring that any patient listed to have a procedure carried out has the opportunity to discuss offering tissue specimen for research. More importantly, representative presence was a reminder to clinicians to recruit patients to clinical research. This is not a common thing seen in H&N departments in the UK.

10. Research

One of the striking things I have noted is the fact that research laboratories and various academic departments are physically linked to main hospitals. I have seen scientists and clinicians walking in to each other offices to discuss ideas, innovations and research projects. During my visit I had the pleasure to meet Prof Burgess (a well known senior researcher in colon and breast cancer) and prof McGulough (Prof of Oral Medicine with special interest in oral mucosal dysplasia). I was impressed with how accessible and approachable these senior individuals.

During my visit, we agreed on collaborative work on salivary gland malignancies and expression of specific markers in head and neck cancer.

11. Hospital food

This, like in the UK, is provided by private contractors. But the quality of food and its diversity was amazing. Healthy diet was promoted and put in action.

Evaluation ***(including description of the impact of the project/award on your clinical and/or NHS practice):***

H&N practice in the UK is one of the most advanced in the world. There are many areas of strength which one should be proud of. However, there are certain areas that can benefit from improvements. For instance, the use of comprehensive computerised system when one can access all information related to a patient care from letters of referral to operative notes.

The emphasises on ensuring accurate procedural coding has encouraged me to undertake an audit assessing accuracy of coding, often carried by non-medical personnel in major head and neck oncological surgery procedures.

A private space where patients have access to information about their cancer, outcomes, nature of pathway…etc is something should be encouraged. It is important to empower patients with information so they can comply with treatment/ advice and may be setup realistic expectations.

Clinicians and researchers must work closely together. Clinicians should reach out to develop and establish collaborative research with scientists working in academic institutions.
Following my visit, I am now a member of the Clinical Effectivness Committee at Central Manchester University Hospitals NHS Foundation Trust. I hope this will give me a portal to use my experience to contribute to the provision of health service at trust level.

Breakdown of Expenditures:

Expense	**Amount**
Travel to and from Manchester airport	34.00
Return flights (Manchester to Melbourne)	1328.00
Travel from and to Melbourne airport	63.79
Accommodation cost	639.60
Food and living cost	568.30
Travel to RMH	108
Total	**2741.69**

Please e-mail the completed report and supporting information to:
Sally Kemp, Scholarship Committee Administrator
Royal College of Physicians and Surgeons of Glasgow
232 - 242 St Vincent Street, Glasgow, G2 5RJ
Tel: +44 (0)141 221 6072 ext 238 Fax: +44(0)141 221 1804 e-mail: scholarships**@rcpsg.ac.uk**