My First Year as a Consultant

Paul McKenna Waterford Regional Hospital







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Inbox News





The Dublin organising Committee hosted the British Elbow and Shoulder Society Conference at the Dublin Convention Centre from the 22nd-24th of June. This included: hot topic sessions, masterclasses and a packed exhibitor hall with superb simulation station. Read more on page 5. Programme here





Images on this month's cover: British Elbow and Shoulder Conference hosted by the Dublin Organising Committee. Centre-Dublin Convention Centre, Photo by A Wilkinson. L-R, BESS Presidential dinner group, St Patrick's Hall, Dublin Castle, Conference attendees in Dublin Convention Centre. Photos submitted by Hannan Mullett.

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InBox News

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FEATURE

Life as a new Consultant Paul McKenna

In medicine, every time you get promoted you face new responsibilities and challenges. Whether it was from medical student to intern, intern to SHO, SHO to registrar, etc. Prior to becoming a consultant, I had

spoken to lots of other consultants and the overwhelming sentiment was that the biggest step in their careers was to consultant. I didn't believe them.

When I was about to start up, I felt invincible. I had just

finished one of the best arthroplasty fellowships in the world and I felt that I could deal with anything that walked (or limped) through the door. I had done so much trauma, that nothing would scare me.

I was delighted to be a consultant. It was what I had worked towards for over a decade, I was finally there and at the pinnacle of my profession. I was in a fantastic unit with great colleagues. I was going to be treated as an equal by other consultants whom I had great respect for. I was in charge of my own destiny. I would be in charge of my patients and their clinical course. It was great to have stability: a permanent job, no risk of moving cities, I could start looking for a house. My golf handicap was finally going to start dropping. I was ready; this would be easy, what's all the fuss about?

How wrong I was!

Becoming a consultant WAS the single biggest step in my professional career. So why is that? I was a fellowship-trained surgeon. It should have been a natural ascendency to consultant level. But there is so much more to it than just have the ability to diagnose, institute treatment, operate, manage patients. That's the easy part. The two biggest differences in clinical work were the responsibility and the consequences. YOU are the consultant. All decisions you make are final. You can get advice from colleagues, but, ultimately,

it's your decision. Not all your decisions are right. Even more terrorinducing is the fact that all complications are YOURS. They will stay with you a long time. You are not rotating out of the unit in 6 months. You will be seeing these patients for a very long time, and each time you see these patients, your heart will sink.

difference is HUGF.

Its not just the added clinical responsibility, its all the other stuff, much of which you have not been specifically trained There are several other being aspects of consultant than just clocking in, patients, treating them and going home. You have to

be an administrator, a health reformer, a paperwork machine.

Paperwork. You wouldn't believe the amounts. GP letters to triage, outlier letters to write, emails to answer, training forms to sign, ethics committee applications, etc. They just don't stop.

Medico-legal reports-what are they and how do you do them? Billing for private patients- how do you do it? How do you get new equipment, alter a service, start a new one? How do you deal with management? How do you set up rooms? How do you get an office or secretary? How do you change a current established practice?

Luckily, Ruairi MacNiocaill and I started up nearly at the same time. If one of us got a bit of info, we'd share it with the other. We learned from each other's mistakes. Our team approach probably got us up to speed a little faster than most. The most important bit of advice I can give you is not to try and re-invent the wheel:

Medico-legal reports:

Your colleagues will have lots of sample medico-legal reports for you to see. Look at their template and approach. In the end, it's like an intermediate case in the FRCS exam, except that your opinion actually matters.

Private health insurance billing: Sign up to a company that does it for you. There are companies out there that provide good Apps for your phone and make coding and billing as easy as taking a photo. Cont'd p 3

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IOA Conference

This took place from Wednesday 15th-Saturday, 18th of June in the Knockranny House and Spa Hotel, Westport, Co Mayo. Copy of the programme can be found here The organisers would like to thank all the sponsors for their generous support.



"No Surgeon was injured in this demonstration" Mr Paul McKenna and Mr Peter Keogh



L-R John Gibbons, Peter Staunton, Ciaran McDonald (ST2) and Kevin McSorley

ST3 Induction Session

This session was held on Friday, 24th of June with Mr Finbarr Condon, Mr Eoin Sheehan and Mr John Quinlan going through the welcome guide and answering questions. All 12 trainees attended and got an overview of what to expect on the ST3-8 programme with Q&A at the end. They were given their welcome packs compiled by Ms Barbara White, ST3-8 administrator. Afterwards trainees went to the RCSI ISCP information session.



Induction Session, VC Room, RCSi

Cont'd from p 2, Paul McKenna

Getting new equipment and dealing with management is similar. At no stage in your career will you have as much leverage as you will when you start up. Management has invested a lot of money in getting you to where you are. Until you started up, the unit probably had a locum who might be doing the trauma list, but little else. There will be an exponentially expanding waiting list that you can't tackle until you have your equipment, operating theatre space, an office and a secretary. Gently remind them about this!

For me, setting up rooms was easy. Our system in Waterford is that rooms are done from our office and our public secretaries work in their own time to cover them. I spoke to several GPs and asked what they want. Access and feedback. So, first thing I did was get a separate phone line (forwarded to my secretary's mobile phone). This allows access to private patients and GPs so that they don't have to go through the switchboard. The second thing I did was to set up a website. But most importantly, I tried to treat my public patients well. If you do this, then everything else falls into place.

Changing practice is the hardest clinical obstacle I faced. At every turn you meet inertia and suspicion. You have to get everyone on board first (consultant colleagues, nurses. physios, porters, secretaries, etc). Then you have to persevere. You have to be confident in your decision, don't accept "no" for an answer, and work with each group to come up with solutions. You are the one with the bigger picture in mind, you have to stick to your guns. It will take much longer than expected, but you will get there in the end.

All this extra bit of work adds up. You mightn't be putting the long hours in the emergency department anymore, or reviewing patients late at night. The time constraints on you are as much, if not more, than they were are an SpR. Work-life balance is difficult. Therefore it's important that you have an outlet. You need to have a past-time to keep your sanity. I joined the gym and the local tennis clubs and get to play a few times per week, and also get to meet new people. My gym membership is less well used. My wife works and I have three small children, so we have to be uber organized at home and make sure everyday is planned with military-like precision. Every free minute is accounted for. It takes effort, but it is worthwhile in the end.

Mandatory Funding Link here

July - send in your request to be approved for mandatory courses.

September - email confirmation will be sent to you regarding approval of your requested course (s).

October to June - submit your mandatory funding claim(s)

List of approved mandatory courses <u>here</u>

Rita G Sign Off

The RITA G sign off took place on Saturday the 25th of June run by Mr Finbarr Condon, Mr Eoin Sheehan, Mr John Quinlan and Mr Colin Murphy. Trainees who completed the Higher Surgical Training programme at the end of June were: Barry O'Neill, David O'Briain, David Morrisey, Derek Cawley, Fiachra Rowan and Paul Magill.

Following on from that and organised by Fiachra Rowan was a seminar afternoon for ST8s. Speakers were Mr John Quinlan - Writing a Medico-Legal Report, Mr Colin Murphy - Starting Out, Mr David Walsh, Challenge Indemnity: Insurance Matters, Mr Iain Broxson - Taxing Matter, Dr Ian Gargan, Psychologist - Keeping Your Head and Mr Paraic Murray - What I have Learned. Mr Condon would like to thank Fiachra Rowan for all the hard work he put into organising this very success seminar afternoon. Ending on a high note, ST8 trainees, their partners and faculty were treated to dinner compliments of the Irish Institute of Trauma and Orthopaedic Surgery. All in all, a very successful and well run day.



British Orthopaedic Oncology Society Meeting (BOOS) at the Aviva Stadium, in lieu of St Vincent's Core curriculum. Shane O'Neill and Rob Piggott. (Photo by Roger Kenny)

NEWS BITES

RCSI Council Elections

Congratulations to Mr David Moore, Mr Michael O'Sullivan and Mr Joe O'Beirne who will continue on as RCSI Council members for 2016-2018.







JCIE Panel of Examiners

The SAC has advised that they require more Examiners representing the Republic of Ireland. Criteria, application form and guide available here

Winner of the 12 Circle Challenge

Congratulations once again to Robert Piggott. Any challengers for this month's competition?

New IOTA Committee

President - Grainne Colgan Secretary - Adrian Gheiti Treasurer - Neil Burke

New Version 10 of ISCP

Link here Send comments here

RCSI Colles Travelling Fellowship in Surgery

Link to application and criteria here Information leaflet here Contact: gconroy@rcsi.ie

RCSI / SAC Inspection Visit 2017

The quinquennial inspection visit is planned for May 2017. There will be 8 inspectors visiting 19 hospitals. Further details to follow.

UKITE Exam

Saturday, 3rd December Houston Lecture Theatre RCSI



Mock Vivas / Trainee Reviews Saturday, 28th January



IOTA Trainer of the Year

Mr Michael O'Sullivan, Galway, received the IOTA Trainer of the Year award and was presented with a perpepetual trophy by the Galway trainees. The concept of this award was developed by Mr Fiachra Rowan. In photo on front page, L-R John Kelly, Rebecca Lyons, Adam Galbraith (SHO), Will White (SHO), Aseer Shafqat (Reg), and Kevin McSorley.

An ST3 Perspective - Mock vivas / Trainee Reviews

Gerry Sheridan



As a recent first year SpR, the mock vivas and trainee reviews were a new experience to me. The day ran very efficiently. We started early at 7.30 and

finished at 09.30.To start, the 4 viva stations needed to be tackled. All the familiar faces made things a bit easier and the line of questioning seemed very reasonable. We were given our scores for all 4 viva stations straight after and were then ushered to our respective trainee reviews.



The review table was a bit more relaxing and the viva results were immediatley reviewed. It was a relief to get your results instantly as it removed the traditional nervous wait that would usually precede such events. A conversation followed where the pertinent issues regarding all facets of training were covered. My operative experience was reviewed courtesy of logbook printoffs and the vears collective documentation reviewed easily due to the centralised ISCP system. Future areas of focus were identified and a general feedback was given to help with moving forward on the new 'run through' scheme. The organisation of the day should be commended as a great success.

For the new recruits this year, the only advice I would give is to start reading early. Like all things in Medicine, the depth of knowledge has no limit. The Stanmore book by Ramachandran along with a basic sciences course will have you well set. Focus on Basic Sciences and the rest should fall into place for year one.

Best of luck, Gerry Sheridan

Plaster Course

Orthopaedic Cappagh National Hospital held a casting course on Monday, 13th of June, organised by Ms Maura Shanahan, CNM 2.The course was facilitated by Ms Rachel Flannery CNS, St. James Hospital, Mr. Darragh Hynes, Mr Peter Keogh with the help of Ms. Jamie Dowling SpR and Ms Eleanor Hogan all from CNOH. There were 10 ST1/2 trainees who were broken up into groups. course consisted of some theory and demonstrations but it mostly involved practical work. Each group had the opportunity to apply and remove the most commonly used casts in various material types. The annual casting course has been run in CNOH for the last 18 years. This was initially the brainchild of Martin Bolger in his role as CNM. Thanks to the assistance of the NMPDU (Nursing & Midwifery Professional Development Unit), Cappagh has installed a purpose built teaching facility with state of the art plaster room equipment and materials. This will allow for multiple courses for nurses and doctors to be undertaken during the year.

Darragh Hynes congratulated the trainees for coming on the course. He stated that it was an excellent idea to undertake this course as part of their orthopaedic training. He opined that it should be a mandatory course for all orthopaedic trainees in view of the importance of approproate cast and splint application - and also so that the orthopaedic surgeons can supervise cast applications during their rotations and career.

Maura Shanahan





Above— Dr Fiachra Power, Dr Cillian Keogh and Mr Darragh Hynes, Below - ST1 trainee Cillian Keogh and Ms Maura Shanahan

UPCOMING EVENTS

SEPTEMBER

2nd & 3rd, Friday & Saturday 40th Sir Peter Freyer Lecture, <u>Link</u>

10th, SaturdayIITOS Council, Trainers Meetings

13th-16th, Tuesday - Friday BOA Annual Congress, Belfast Waterfront Programme <u>here</u>

15th-17th, Thursday-Saturday FSEM Annual Conference, <u>Link</u> Theme, "The Female Athlete"



OCTOBER

1st, SaturdayWaterford Surgical Meeting

21st, Friday
2nd Foot and Ankle Study Day
Roe Park Hotel, Limavady, Co. Derry

NOVEMBER

2nd, Wednesday

5th National Hip Fracture Conference RCSI. Conveynor, Mr Conor Hurson Early registration, email

10th, 11th

IPOS Conference. Spencer Hotel, IFSC, Dublin 1. Conveynor, Ms Paula Kelly

12th, Saturday

Atlantic Orthopaedic Conference Strand Hotel, Limerick, <u>Link</u> Mr Finbarr Condon

11th, Friday Millin Meeting, RCSI



25th, Friday

IITOS Annual General Meeting Albert Lecture Theatre, RCSI

DECEMBER

10th, Saturday UKITE Exam, RCSI

2017

20th, Friday, January

Mock Clinicals, Cork University Hospital

28th, Saturday January Mock Vivas, Trainee Reviews

10th February, Friday

Charter Day Repeat Mock Vivas

24th-26th February

Mayo Arthroplasty Conference Mr Derek Bennett Link <u>here</u>



10th, 11th March

Joint Irish Hand Surgery Society / Belgium Hand Group Conference. RCSI Conveynor, Ms Catherine Bossut

20th May, Saturday 2017

IOFAS Annual Meeting Lyrath Estate Hotel, Kilkenny Organiser: Mr Ian Kelly



Early Notice

28th May, Friday 2018

Cappagh Foundation Meeting incorporating the Cappagh Prize lecture. Contact Mr Keith Synnott

BESS Conference 22-24th June 2016 Hannan Mullett



The British Elbow and Shoulder Society Conference took place in the Dublin Convention Centre from the 22nd to the 24th of June. The local organising committee were: Mr Hannan Mullett. Mr Diarmuid Molony, Mr John Lunn, Ms Ruth Delaney, Mr Jimmy Colville, Mr Kieran O'Shea and Ms Clare Gilsenan. A total of 650 delegates attended including Shoulder surgeons, therapists and industry.

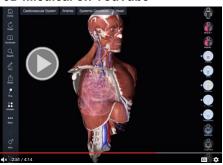
This three day conference included a very extensive scientific programme with Presidential Guest Speaker, Dr. Basil Vrettos of Cape Town, South Africa. Dr. Vrettos practices in south Africa and is an expert in elbow surgery. He leads a very productive academic unit and has pioneered several techniques. He is also involved in outreach programs in South Africa and other African countries to teach local surgeons basic orthopaedic trauma care. He is a fascinating and very personable man and gave an outstanding lecture. Mr Mullett invited Dr. Jaap Willems as his invited speaker. Jaap has been a pioneer of arthroscopic shoulder surgery from its birth and gave an insightful talk on his journey on the treatment of shoulder instability. The final section his talk addressed the differences in philosophical approaches to healthcare in different European countries which was portentous given the Brexit vote the following day. Interestingly at the annual business meeting we used the audience polling system to poll the delegates and there was 74% support to remain which unfortunately was not reflected in the UK results on the following day.

There were six podium plenary sessions: Basic Science, Rotator Cuff, Arthroplasty, Physiotherapy Flbow and Instability. There were instructional maserclasses given by recognised leaders in shoulder & elbow surgery: Revising the failed trauma hemi tips and tricks. The younger patient with "irreparable" rotator cuff tear, Reverse geometry shoulder replacement Strategies for optimising function and The painful biceps labral complex - Tenotomy, tenodesis, transfer and beyond. The conference dinner for all delegates was held at the RDS with traditional entertainment by the Merry Ploughboys who managed to get the delegates releasing their inner Flatley perhaps aided by the favoured local brew.

The after dinner speaker was Senator Maurice Manning who spoke eloquently and poignantly about the centenary of 1916. The presidential dinner for the Council, past presidents, invited guests and local organising committee was held at Dublin Castle which was a memorable evening. Mr. Pat Fleming and his wife Niamh entertained on Oilean pipes and piano. On the final day we hosted a seminar on, "Managing shoulder injuries in the elite athlete -from pitch side assessment to return to play". The speakers included experts in the fields of sports medicine, rehab and shoulder surgery

Hannan Mullett

Apple Design Award - Check out 3D4Medical on YouTube



The 'Advancements in Total Knee Arthroplasty'

This meeting was held on the 25th of May at the Trinity Biomedical Sciences Institute in Dublin 2. PEI arranged this meeting and it featured presentations and practical sessions with 10 freshly frozen cadavers. There were 16 delegates in attendance with a Faculty including; Dr. Ivan Brenkel, Queen Margaret Hospital, Fife; Mr. Rob Harvey, Wirral Teaching Hospitals, UK; Prof James Harty, SIVUH, Cork; Whitfield Kelly, Mr. lan Clinic, Waterford. The meeting discussed Advancements Total Knee in Arthroplasty using Attune instruments. The feedback from the meeting has been extremely positive with attendees impressing with the quality of teaching and the facility.



Practical session on a cadaver

Cont'd from p 3

Now I nearly have two years under my belt. My golf handicap hasn't shifted, but that's the only thing that hasn't improved. Everything else gets much better. You develop systems to organize your work practice. You get faster at doing things, more efficient. Suddenly those tough decisions are easier. Your practice builds to the level you want. You gain the respect of your colleagues, the nurses and the trainees. Then you start seeing patients back in your rooms or clinic after their operations. Their lives have changed for the better. They thank you, their families thank you, you've made a huge difference to them and it's all been worthwhile. God bless your hands. Paul McKenna

Irish Paediatric Orthopaedic Society Overweight children: implications for musculoskeletal pathology 10th/11th November 2016 Spencer Hotel, IFSC, Dublin1 Conveynor - Ms Paula Kelly Paediatric Orthopaedic

Society

Atlantic Orthopaedic Meeting Saturday, 12th November 2016 Strand Hotel, Limerick







Float like a butterfly, sting like a bee. Click on the correct word and the link to the QUIZ you will see! Sponsored by Moore Stephens

