



RCSI

ROYAL COLLEGE OF SURGEONS IN IRELAND

COLÁISTE RÍOGA NA MÁINLEÁ IN ÉIRINN

Grant/Fellowship Report Form

Fellowship/Grant Holder Name	Andrew Coveney
Brief biography, including qualification and year of graduation (no more than 100 words)	Having completed a first class honours engineering degree in UCC, I entered RCSI medical school in 2001 and graduated in 2006 before completing my intern year in Beaumont. I returned to Cork to complete my basic surgical training at CUH, followed by a fulltime period in research awarding an MD in surgery. My specialist training in general surgery began in 2013 after completing a year as a surgical lecturer in Galway. My SpR years included time in Tralee, Mercy Hospital (Cork), CUH, Beaumont, Limerick and Crumlin Children's hospital, before travelling to Perth, Australia to commence my international fellowship.
Title of Project/Fellowship	General & Colorectal Surgical fellowship at Sir Charles Gairdner Hospital (SCGH), Perth, Australia
Year of Award: Commencement Date: Conclusion Date:	2019 4 th February 2019 2 nd February 2020

Summary

The SCGH colorectal Fellowship has been established for many years. It is a very busy post in a hospital that serves the local population and acts as a tertiary referral and rescue hospital for the whole of Western Australia (population 2.4 million).

The extremely busy tertiary colorectal and sarcoma unit deals with over 200 colorectal cancer resections and 40 sarcoma resections per annum, alongside benign conditions. Most colorectal resections are performed laparoscopically, with a small fraction performed open or transanally (TAMIS). The unit also acts as the state sarcoma unit, performing retroperitoneal, abdominal and abdominal wall sarcoma resections. It also provides the state referral centre for the stage 4 complex endometriosis patients that require bowel resections. It covers all general surgery emergency admissions on a 1 in 4 on call roster. There are 5 fellowship trained consultants within the unit. The team structure includes the fellow, SET registrar, resident, 4 interns and receives medical students from the 3 regional universities.

The fellow position is demanding and not only pushes the fellow oncologically, surgically and organisationally, but also tests the fellow with a high volume of elective and emergency operating.

The fellow's role within the unit is to coordinate the whole unit which is inclusive of operating, training, teaching, on-call emergencies and to act as a forthcoming consultant with the inherent

decision making and pressures that comes in this role. As of February 2020, the fellowship role has been accredited as a Colorectal Surgical Society of Australia & New Zealand (CSSANZ) Fellowship.

Grant Report

Objectives of Project/Fellowship:

The aim of this fellowship is to gain the invaluable experience of a large volume of operating as primary surgeon on a diverse range of colorectal pathology in a specialised colorectal unit under the supervision of a team of fellowship trained consultants.

The colorectal unit at SCGH also participates as a key member of the State Sarcoma service, performing multi visceral resections for retroperitoneal, intraabdominal and abdominal wall soft tissue tumours. This provides invaluable experience in operating with multiple subspecialties on complex cases, often pushing the boundaries on the resectability of complex soft tissue tumours.

This fellowship provides the perfect transition between being a senior trainee and becoming a consultant, through operating on a large volume of patients with a broad range of pathology with the security of expert supervision in a large tertiary hospital within a World class health service.

Did you achieve these objectives?

During the 12 month fellowship, I completed >450 operations as the primary operator including both emergency and elective work. This included >120 colorectal cancer resections, including >60 rectal resections, 10 emergency subtotal colectomies for IBD, >12 complex abdominal wall hernia reconstructions and >20 complex retroperitoneal soft tissue tumour resections. I also assisted and supervised trainees in many more operations. This provided me with the invaluable operating experience I hoped to achieve and bring forward with me into a busy consultant career.

The non-operative management skills learned during the 12 month fellowship have also proven invaluable moving forward into a consultant career. These include skills in supervision and training of trainees, management of resources and time, completion of audit and self-reflection on performance, the role of the Multidisciplinary team, achieving a work life balance and finally the importance of supporting your colleagues.

In your opinion, what is the value of your award to:

(a) Yourself

Receiving a Colles Travelling Fellowship grant, has allowed me gain invaluable experience of working within the Australian public health service which has allowed me to further improve the operative and management skills required to function as a specialist colorectal and general surgeon anywhere in the World. Specifically, the grant eased some of the considerable financial burden of moving my wife and four kids with me to Australia!

(b) The institution in which you worked

As an International Fellow, I brought new ideas and methods from Ireland to a team of Australian, New Zealand and South African trained surgeons. I worked tirelessly to a high standard throughout the 12 month period. The quality of my Irish surgical training was quickly recognised and I became a highly valued member of the surgical team early on during my fellowship, which has led to the hospital executive retaining me as a locum consultant on completion of my fellowship year.

(c) In the future for Irish patients

Should I be fortunate enough to return home to a suitable job in Ireland, the skills and experience I have gained in Australia will undoubtedly make me a better surgeon when treating my patients. Specifically, my experience in managing retroperitoneal sarcomas, which are rare tumours was an added bonus of my fellowship experience in Perth. If I choose to remain in Australia, I would hope to provide fellowship training to future Irish surgical trainees, so that they might benefit as I did and return home to offer World class care to Irish patients.