



RCSI

ROYAL COLLEGE OF SURGEONS IN IRELAND

COLÁISTE RÍOGA NA MÁINLEÁ IN ÉIRINN

Grant/Fellowship Report Form

Fellowship/Grant Holder Name	Elaine Redmond
Brief biography, including qualification and year of graduation (no more than 100 words)	2020 – Fellowship in Paediatric Urology, BC Children’s Hospital, Vancouver, BC 2019 - Fellowship in Genitourinary Reconstructive Surgery, University of Alberta, Edmonton 2019 - Certificate of Completion of Surgical Training (CCST), Royal College of Surgeons in Ireland 2018 - Doctor of Medicine (M.D.), University of Limerick, 2017 - Fellow of the Royal College of Surgeons in Ireland, FRCS (Urol) 2014 - MSc. in Human Factors and Patient Safety, RCSI 2013 - Postgraduate Diploma in Human Factors and Patient Safety, RCSI 2012 - Certificate of Completion of Basic Surgical Training (CCBST), RCSI 2010 - Membership of the Royal College of Surgeons in Ireland, MRCSI 2008 - MB, BCh, BAO (Hons), BMedSci (Hons) – University College Cork, Cork.
Title of Project/Fellowship	Fellowship in Paediatric Urology
Year of Award: Commencement Date: Conclusion Date:	2021 July 2020 July 2021

Summary (no more than 250 words)

I commenced my paediatric urology fellowship at BC Children's Hospital in July 2020. BCCH is the only tertiary paediatric centre in the province of British Columbia, serving a population of 4.7 million. The Division of Paediatric Urology performs more than 800 surgical procedures, and cares for more than 5,500 children per annum. The fellowship program encompassed training in all aspects of paediatric urological surgeries, including complex urinary reconstruction, renal transplant and MIS. The department holds daily outpatient clinics and a weekly multidisciplinary spinal cord clinic which ensured high levels of exposure to a wide range of pathologies, including dysfunctional voiding, neurogenic bladder, disorders of sexual differentiation and spina bifida care. My timetable included 3-4 operative days and 1-2 outpatient sessions per week. There was a strong research component to the fellowship. I presented twice at the UBC Division of Urologic Sciences grand rounds. I am undertaking three research projects involving large provincial and national databases.

Grant Report (in the region of but no more than 500 words)

Objectives of Project/Fellowship:

To perform a high volume of proximal and distal hypospadias repair.

To develop expertise in the management of pediatric patients with spina bifida and neurogenic bladder.

Did you achieve these objectives?

Yes

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

(a) Yourself

The grant enabled me to subsidise the travel and relocation costs incurred in moving my family to Vancouver to pursue this fellowship. The fellowship has allowed me to achieve operative independence in a wide range of complex paediatric genitourinary procedures. I feel confident in managing the many different cohorts of patients who may require paediatric urological surgery, including the care of patients with complex hypospadias, upper tract dysfunction and spina bifida/spinal cord injuries.

(b) The institution in which you worked

During my time at the BC Childrens Hospital, I made a significant contribution to the research output

of the department. This has helped to maintain the institutions reputation as a world class centre for pediatric urology. I hope to have left the department with a long-lasting and meaningful connection to Ireland and I look forward to establishing clinical and academic links between our urology departments in the future.

(c) In the future for Irish patients

The "Urology- a model of care for Ireland" document, which was developed by RCSI in partnership with HSE Acute Operations and the National Clinical Programme in Surgery (NCPS), highlights the urgent need for expansion and investment in pediatric and transitional urology. There is a dearth of fellowship trained pediatric urologists in Ireland. This is a particular concern outside of Dublin due to a number of recent retirements. Transitional Urology in particular has become an increasingly important issue, with increases in long-term survival of patients with congenital anomalies. As a fellowship trained surgeon in both adult and paediatric reconstruction, I feel well positioned to provide a continuity of care for patients throughout their life.