Report of the Mark Paterson BJJ/EFORT Travelling Fellowship 2014

Alberto Di Martino (1) Egemen Altan (2) Michal Skowronek (3)

- 1) Department of Orthopaedics and Trauma Surgery, University Campus Bio-Medico of Rome
- 2) Department of Orthopaedics and Trauma Surgery, Selcuk University Medical Faculty, Konya/Turkey
- 3) Department of Orthopaedic and Trauma Surgery, Zeromski Hospital in Cracow, Poland

Introduction

Getting to the UK and visiting leading hospitals in the healthcare system has been a journey from tradition to the advances of the scientific community. Much more than expected, surgeons in the UK were very proud of their history and traditions. However, the most impressing aspect of this journey has been their ability to start from their traditions, but even to gently accept innovation in daily clinical practice.

The three of us, Alberto from Rome, Egemen from Turkey and Michal from Poland, represented an interesting mix of experiences from a cultural and professional point of view. However, we all were united by a common desire to improve our knowledge of the healthcare system in the UK, to meet people and exchange ideas. Also, we really put down the basis for a longstanding friendship and ongoing collaboration between our respective hospitals.

The fellowship is entitled to Mr Mark Paterson, a well-known UK children's orthopaedic surgeon, who died on 15th October 2013, at the age of 59. Mr Paterson was appointed as a children's orthopaedic surgeon to the Royal London Hospital in 1990 where he worked for the next 23 years, mainly working in the management of children with cerebral palsy. He was an Associate Editor and Member of Council of *The Bone & Joint Journal*, and President of the Orthopaedic Section of the Royal Society of Medicine. The BJJ Council and EFORT renamed the fellowship to honour Mark and to help inspire young orthopaedic surgeons. During our journey, we had the chance to meet orthopaedic surgeons who knew him, and all described him as a nice and friendly person, who was devoted to children's orthopaedics and improving daily practice. After this contact with his memory, we are of course honoured to have been chosen to take part in the Mark Paterson Travelling Fellowship, and we also found an inspiration for ordinary life.

The trip consisted in the visit of Hospitals and healthcare centres in London, Stanmore, Nottingham and Edinburgh. We ended the trip by attending the combined BOA/EFORT meeting in London.

We hereby report our journey by dividing it geographically according to the cities where we were hosted.

London and Stanmore

After meeting each other at the Heathrow international airport, we started to get to know each other by talking about our respective previous experiences. Taxi time has been useful for us, three strangers, to create a bridge between our lives. The first English person who took care of us was Mr Martin Bircher. He hosted us for an informal dinner and gave us information regarding our fellowship, about Mark Paterson, and about our days of visit to London.

The day after, we went to Royal National Orthopaedic Hospital (RNOH). At first, we visited the London Implant Retrieval Centre (LIRC). This has been founded in 2008 by Alister Hart and John Skinner to collect and analyse failed (retrieved) implants from around the world, to provide important insights into the *in situ* performance of orthopaedic devices and provide critical clues into mechanisms of failure and success. At present, the research focuses on examination of microscopic wear and corrosion at the tapered junction between head and stem parts of MOM implants, even though ceramic couplings and implants are now also studied (Figure 1). Moreover, in the LIRC, a lot of young researchers perform their research and PhD programs on implant failure and fatigue in hip and knee implants, and more recently about spinal implants and shoulder arthroplasty implants. After, we attended operating surgeries in the theatres (Figure 2).

The morning after began with a visit to the Royal College of Surgeons of England in London. Mr Bircher explained us how physicians and surgeons split quite early in the centuries (1541), by the effort of the Company of the Barber Surgeons under Henry VIII. Afterwards, we had a private visit to the Hunterian Museums. We discovered the unusual life of John Hunter and his anatomic and surgical works, and

understood the influence he had on future surgical, medical, dental and veterinary science. We faced the Ethical Dilemma of showing and studying the body of the "Irish giant", who in life expressed the desire to be buried, but after being betrayed by a friend, his cadaver was sold, studied and is actually exposed in the museum. We also had the chance to visit the upper rooms where the main development of the history of surgery is kept, from the developing of anaesthetics and antisepsis, to the development of modern surgical techniques (Figure 3).

Then, Mr Bircher brought us to a meeting at the BJJ building with the Editor in Chief Prof Fares Haddad Emma Vodden (Head of Editorial Publishing Services and organiser of the UK tour) and with the Editor Emeritus Mr James Scott. Mr Scott gave a presentation on the history of the Journal while Professor Haddad introduced us to the changes BJJ has undergone in the last few years and to the challenges the Journal will face in the future.

In the afternoon, we attended the periodic meeting at the Institute of Sport, Exercise and Health, where all the registrars and fellows gave presentations and make comments, and we gave our lectures on spinal metastases (Alberto), bone loss reconstruction around hip cup implants (Michal) and ankle injuries (Egemen), this was moderated by Professor Haddad (Figure 4).

Nottingham

Our next visit was to the midlands of UK, Nottingham. Our host in Nottingham was Mr Ben Ollivere, Associate Professor in trauma, Editor-in-Chief of *Bone & Joint 360* and Editorial Secretary of the British Orthopaedic Association. At first we visited the Nottingham City Hospital, were we met Mr Peter James and Mr Andrew Manktelow, who introduced us to the activity of the Orthopaedic unit and discussed some clinical cases in hip revision arthroplasty and in newest generation knee arthroplasty implants. The day after, we visited the Department of Orthopaedics and Traumatology at the Queen's Medical Centre, which is one of the leading trauma centres in Europe, and serves a population of over 4 million receiving emergency trauma cases from the Midlands. Michal had the chance to visit the operating theatre of Mr Manktelow, Alberto joined the Spine team at the Queen's Medical Centre, and Egemen joined Mr Ollivere in rib cage fixation and reconstruction in a trauma patient after attending the trauma morning round where he could discuss the clinical cases with consultants and residents with a warm welcome. Also, Egemen had the chance to meet a sport orthopaedic surgeon, Mr Hahn, and was involved in the morning sports clinic with him.

We eventually attended the trauma conference in the afternoon (Figure 5), and we met very well respected trauma, pelvic and acetabular surgeons (Mr Hahn and Mr Forward) and gave our lectures on ankle injuries (Egemen), pathologic fractures of the long bones (Alberto), and bone loss reconstruction around hip cup implants (Michal). We got information about the new health system organisation with centralisation of trauma and its direct effect on patients' outcome mortality rate.

Together with Mr Ollivere, trauma fellows and residents, we had the chance to visit (and try) the England's oldest pub (Ya Old Trip To Jerusalem) as well as the Nottingham Castle walls, Robin Hoods statue, and the centre of this nice city.

Edinburgh

The last part of our fellowship was held in Scotland: we took a train from Nottingham to Edinburgh, and it was a beautiful journey with gorgeous views. It was Saturday afternoon, and in the evening we were invited by Professor Hamish Simpson to his house for a distinguished dinner. The day after, we had a unique

opportunity to enjoy our freetime in Edinburgh, since Professor Simpson kindly organised for us some activities. Michal and Egemen went cycling with Mr John Keating, who provided two superb bikes. It was a beautiful tour around the countryside and the impressive nature of Scotland. Unfortunately, our tour was hit with an unexpected adventure, one of the bikes broke so we had to walk back home. Alberto had the chance to play golf with Mr Paul Hindle. The day after we were assigned to different specialists for outpatient clinics: Michal visited Mr John McKinley for Foot and Ankle, Alberto was assigned to Mr Alastair Gibson for Spine and Egemen with Miss Julie McBirnie for shoulder surgery. In the afternoon we went to operating theatres at the Royal Infirmary of Edinburgh, where everyone could attend surgery. Later on we had our presentations at the scientific meeting, and Professor Simpson conducted a lively discussion (Figure 6). At the end, the taste of a Scottish restaurant closed out visit to Scotland. The team from the Edinburgh proved to be very friendly and professional in the work they do. The day after, regretfully we left Edinburgh and went back to London to attend the EFORT Congress. Once in London, we attended the EFORT meeting and met Sanni Hiltunen who arranged the part of our Fellowship from the EFORT side. Each one of us was then attended the special sessions of interest, and had the chance to meet friends and colleagues attending the meeting from all over Europe.

Conclusion

We have had the chance to observe changes in progress in UK Healthcare System, such as the development of the new trauma network and the attempt to reduce waiting lists for hip and knee arthoplasty surgery, as they told us in Nottingham. This attitude at being prone to changes was reflected by the BOA Presidential Guest Lecture at this EFORT congress. The lecture was moderated by Professor Briggs and performed by Lord Bernard Riberio, and was entitled: "Meeting the challenge of reconfiguring health services in the 21st century". London and Stanmore represented for us the emblem of the passage from tradition to innovation, as witnessed by the implant retrieval facility at Stanmore and by the BJJ editorial guidance in London. Finally, the interest in genuine research and the difference between the ways of practicing surgery in different countries characterised our stay in Edinburgh. We also understood that medical practice in UK requires a long education before you can become an independent surgeon, but that the level of education and practice is constant and progressive over the years. We have met a lot of residents who were just happy to have had "the numbers", and were ready to leave their previous city, hospital and friends to complete the registrar training. We realised that however, after a long training, many opportunities are given to those who finish residency, and apply for senior fellowships, PhD programs or consultant positions.

We wish to thank all the Colleagues and administrators that took care of us during this unforgettable journey through the British Orthopaedic and National Healthcare System.

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Figures and legends



Figure 1: surface scanning of surface of metal (left) and ceramic (right) hip implants at the London Implant Retrieval Centre



Figure 2: a picture of the fellows at the theatres of the Royal National Orthopaedic Hospital



Figure 3: A picture of the explicative box of the history of endoscopic and arthroscopic surgery at the Royal College of Surgeons of England in London



Figure 4: Michal Skowronek during his speech at the Institute of Sport, Exercise and Health in London



Figure 5: Ben Ollivere (left) and Alberto Di Martino (right) during their speeches at the trauma meeting at Queen's Medical Center



Figure 6: Egemen Altan (left side) and Hamish Simpson (right side) during the speeches' discussion at the meeting at the Royal Infirmary of Edinburgh