Life in Oxford

Here we are in July 2013! It has been eight months since we moved to Oxford and my fellowship at John Radcliffe Hospital is nearing its end. The fellows who were here before me have left and I am now regarded as a senior fellow, orienting the new recruits and advising the ones, who are about to leave their home, on accommodation and schooling in Oxford . So far, it has been an awesome eight months, made up of a mix of work, conference, hosting relatives and visiting various European destinations.

After spending two exciting weeks visiting Amsterdam and Bordeaux following UEGW 2012, we were looking forward to moving into our apartment which would be our new home over the next year in Oxford. Our first day was hectic to say the least. As soon as we got the keys to our apartment on November 1st, I had to rush to work leaving Shaheen to do the unpacking, cleaning and shopping for essentials. With temperatures ranging between 0-4 degrees, a blanket was the first item on her shopping list. My first week at work was spent getting through the administrative issues and clearing occupational health requirements. Of course, coming from Africa, I had to do an HIV test and a Quantiferon Gold before they let me loose. I am told the Aussies get away with just a Quantiferon test!

Having completed these, my next step was to get Endoscopy clearance. Every new fellow has to perform each procedure under observation by one of the consultants. My supervisor was James East - the lead endoscopist at John Radcliffe Hospital and the expert on colonoscopy and polyp detection both locally and internationally. It so happened that the patient I colonoscoped under supervision was a case of terrible sigmoid diverticulosis with luminal narrowing. Fortunately, everything went well and I got signed off.

The next step was GCP completion so that I could be assigned as a sub-investigator on several trials that are currently under way. I opted for the online course which took a few hours to complete, as opposed to the sit down course which would have taken a whole day. The trials I am currently running are the UNITI 2, IMMUNITI by Jansenn and SHIELD by GSK. It has been a fast learning curve and I must say that I enjoy spending time with my patients in the Trial unit under a much more relaxed atmosphere, compared to seeing them at the IBD clinic on Friday afternoons, which can be quite hectic, especially if the clinic is overbooked.

In addition to rotating through the IBD clinic, a fellow has to also rotate through a liver clinic and a coeliac clinic. Indeed, with 1 in 80 to 1 in 100 patients in the UK diagnosed with coeliac disease, there is a need to have a dedicated clinic. I have just rotated through this clinic and have now re-joined the liver team. I have developed a keen interest in cholestatic liver diseases pursuant to my time at the liver clinic. As such, under the guidance of Dr Roger Chapman, who is the doyen of PBC and PSC, I currently manage the Oxford PSC database. Although Dr Chapman has recently retired, he remains very active academically. He has recently linked me up with a group from Amsterdam who I am collaborating with to try and develop a prognostic score for PSC. There are also some PSC histo-pathology projects that I am involved with. Furthermore, I do two general gastroenterology clinics where I see new patients and follow-ups. Although I see a significant amount of patients with functional problems in these clinics, it is not uncommon to pick up interesting pathologies every now and then.

I am currently doing two to three endoscopy lists per week. Endoscopy is based on a point system: 1 point is allocated for gastroscopy and flexible sigmoidoscopy, 2 points for PEG and colonoscopy. Ten to twelve points are booked on average on each list which is usually a mix of everything. Reports are electronically generated after the procedure on the Endobase system. Initially, it used to take me longer to do the report than to perform the actual procedure, but over time my report-generating speed has improved significantly. Although it has been difficult time-wise to join an ERCP list, I have managed to slip in a few last month. As Chris Ziady explains in his recent article in the SAMJ on ERCP training, ERCP is an important skill to have as a gastroenterologist, and maintaining it is equally as important.

Dr Barbara Braden is one of the consultants who specialises in upper GI and she has been training me in Endoscopic Mucosal Resection of upper GI lesions. Learning the tips and tricks first hand from the expert has been a great experience. I aim to also learn Radiofrequency ablation of Barretts lesions under her before my fellowship ends. Perhaps the most important thing that she has imparted in me, is not only the skill to do these highly specialised procedures, but also when to do and when not to do the procedures.

Thursday afternoons are reserved for academia. We start with a student/SHO presentation, followed by medical grand round where consultants from each medical speciality get to present a clinical case or research activity that they are busy with. After a small break, a consultant led registrar teaching happens for an hour. It is then time for the liver and luminal histo pathology meeting which run over the next hour. The day concludes with either a case discussion or a translational GI meeting.

With regards to conferences, I have attended the 8th European Crohn's and Colitis Organisation (ECCO) meeting in Vienna this year. It was very neatly organised by my current Head of Department, Dr Simon Travis who also wears the hat of the ECCO President. This was my second ECCO experience, having attended the 2012 meeting in Barcelona. This year ECCO had a record attendance with over 4500 attendants which highlights the fact that ECCO is growing as a leading organisation in the field of IBD, promoting education and science. The Vienna

meeting concluded in true James Bond style when Simon Travis passed the secret ECCO files to Severeine Vermiere in preparation for the 2014 meeting in Copenhagen.

We have welcomed quite a number of friends and relatives in Oxford during the time that we have been here. Shaheen and Aadil usually have the responsibility to take them on the city tour which starts at Christ Church Cathedral School where Aadil goes. Many of the scenes in the Harry Potter feature films are shot in various locations of the College premises. The tour continues via the meadow which is gorgeous on a sunny day with cattle grazing in the field, people jogging, punting or simply strolling by the river. The other must-see spots are certainly the Radcliffe Camera, the Sheldonian and the Bridge of Sighs which are packed with tourists almost every day of the year regardless of the weather condition.

We have been fortunate to see several European cities thus far. We kick started the year with a visit to Paris in January. Our flight was almost cancelled as there was a snow storm on the day we were flying, but we did manage to jet off to a very cold and snowy Paris. Aadil was thrilled, it was his first snow experience and he thoroughly enjoyed the snowball fights. Ismail had just turned one and was refusing to stay in his pram since he had started walking. Although it was a short stay and it was terrribly cold, we managed to do quite a lot and covered the main sites including the Eiffel Tower, the Louvres and the Champs Élysées. We also drove to Disneyland in Paris later in the year and the kids absolutely loved the park and its

attractions. Since Euro Disney was celebrating its 20 year anniversary, we were treated to a spectacular nighttime show with an extravaganza of lights, music, fireworks and lasers featuring Disney's favourite stories.

Time has flown and I still have loads to do in the remaining months that I have here. It has been a great opportunity so far and the experience has been amazing.

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