

A Year in Oxford

I have been back in South Africa for a few months and had the opportunity to reflect on what was a crazy, difficult, enlightening year in Oxford.

Although Oxford is “only” a direct flight to London and short train ride away, the process to get there and get settled was immense.

Getting credentials certified via a US bureau, arranging GMC registration, getting visa sponsorship via the Royal College of Physicians, not to mention the actual visa applications, TB clearance's, NHS surcharges etc. etc. etc.

Settling in Oxford wasn't hard. The city is like a movie set! In fact it often is, as the Harry Potter fans can attest. It's also very small, to the point where family and friends who were visiting got the grand tour in 2-3 hours tops. Oxford is the 'city of soaring spires', and the university colleges are amongst the oldest in the English speaking world. As are the pubs! We settled in leafy Summertown, and to cap off the experience, JRR Tolkien's granddaughter was our landlord!

Working at the John Radcliffe Hospital was something of a culture shock. Although English bureaucracy can be a double-edged sword, it was striking to experience the organization of the National Health Service – there must be 3 or 4 people behind the scenes for every doctor in the ward. As Brexit was the key topic of my time there, it was very noticeable that the work force represented literally dozens of countries.

Endoscopy services are run with military efficiency and regular input through the Joint Action Group (JAG) who audit and credential endoscopy in the UK. The endoscopy unit performs 70-80 procedures on a daily basis, 6 days a week. The infamous 'points' system of endoscopy allocation definitely kept me on my toes. I had the privilege of working with Prof James East and Dr Adam Bailey, interventional endoscopists who feature prominently in the UK guidelines.

As a national service, any patient could end up on anybody's list, and I had the anxiety of coming face to face with a large right sided polyp in an Oxford Head of Dept who had refused sedation for his colonoscopy - in my very first week! Thankfully the adrenaline cardioverted the anal fibrillation, and it all worked out fine.

The actual practice of gastroenterology was fantastic to experience. The senior staff were handpicked from throughout the world, and the names of the IBD leads, Prof Simon Travis, Prof Jack Satsangi, Dr Oliver Brain and Dr Alissa Walsh should be familiar to anyone regularly reading the literature. Sadly, Prof Satish Keshav, a South African clinician / scientist of distinction, passed away early in my time there.

The IBD service was sensational. As a world-renowned centre, patients are seen from throughout the UK and the world. Weekly IBD MDT's, histopathology meetings, academic rounds, talks, journal clubs, dinners etc. added to the experience. First order of business upon arriving was acquiring the GCP certificate and 'cracking on' with the trials I'd been allocated to– ASTIClite (Crohn's stem cell transplant), risankizumab, REGENERATE (obeticholic acid NASH trial)

The profile of disease in the general GI clinic was also interesting. At least a few patients a week were seen with eosinophilic oesophagitis or gastroenteritis, bile acid malabsorption (up to 20% of patients with IBS-D on SeHCAT

per the BSG), and coeliac disease.

As an intestinal transplant unit, under Dr Phil Allan, on-call admissions could be 'interesting'.

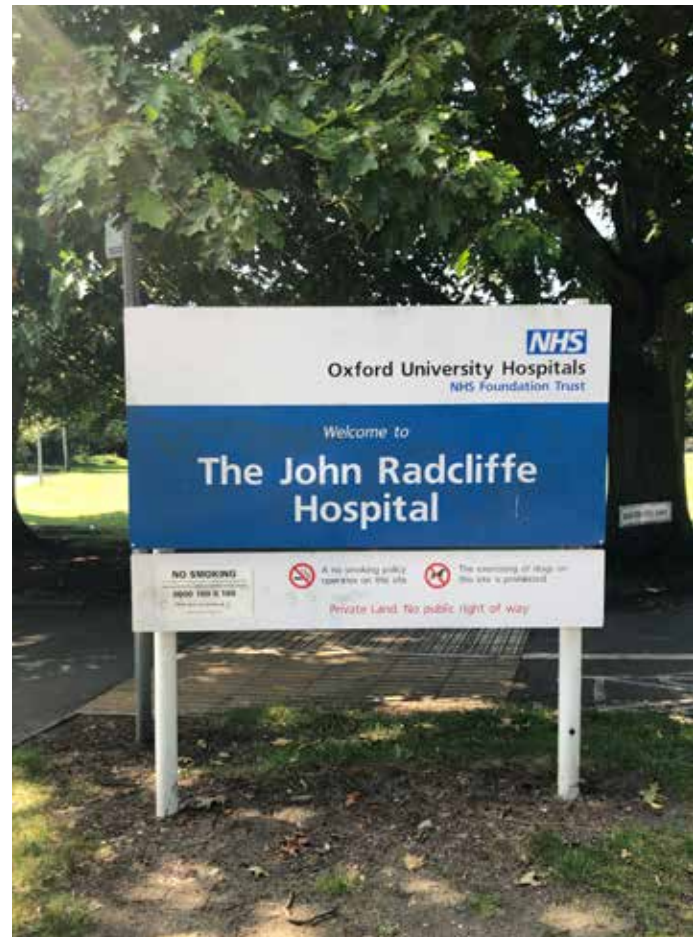
In general, I was struck by the level of academia, and desire to 'get involved' in research throughout the hospital. The Translational Gastroenterology Unit, with labs adjacent to the wards and scientists directly involved in the clinics added to this.

The average registrar / fellow (SPR, specialist registrar) had either completed or was planning to take time off training to complete a DPhil (Oxford's PhD). Nearly every consultant in the unit (and there were more than 20), had a PhD equivalent. Just about the simplest research project I could be involved in was looking at IBD-PSC metabolomics.

Ultimately the year in Oxford was inspiring. It was at times difficult, especially with small children, but ultimately a brilliant experience. I would encourage any future young gastroenterologists to consider broadening their horizons by working in another country or system – the payoff on a professional and importantly, a personal level is immense.

As always, my gratitude to the Gastroenterology Foundation, and especially to Chris Kassianides for proposing and facilitating this great experience.

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