

## ***Oncology in Uganda – my Out of Programme Experience***

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Many doctors take time out of their training programmes for a variety of reasons. For me, it was a desire to work abroad and understand how oncology is practised in different settings that led me to take a 6-month Out of Programme Experience (OOPE) after completing my FRCR Part 1 exams.

I'd been introduced to staff at the oncology clinic at Mbarara Regional Referral Hospital in Uganda in 2014, when I went there with a colleague to provide medical cover when their doctor came to Bristol for training. I've had a long-standing interest in global oncology, and from the start of my training had been open to opportunities that might allow me to experience the practice of oncology in resource-limited settings. That first 3-week visit to Mbarara reinforced my desire to incorporate international work into my future career, and from that point I began to seriously contemplate taking formal time out of training to achieve this.

When an opportunity for funding for an international collaboration came up, in the form of a Health Partnership Scheme grant from The Tropical Health and Education Trust (THET), I seized the opportunity, and with support from my consultant at UH Bristol and the team in Mbarara, we were successful in securing funds for an 18-month quality improvement project, focusing on improving the safety of chemotherapy delivery to both adult and paediatric patients at the Mbarara clinic. With the funding in place, and support from both sides, I then began the formal process of applying to take a 6-month OOPE. I sat down with my training programme director on a number of occasions and discussed my plans for the time abroad, ensuring that I had specific aims and objectives, and a robust structure for senior supervision. My plans were two-fold – to work alongside clinic staff in Mbarara providing care for the patients there, and to run the day-to-day aspects of the chemotherapy safety project, by arranging formal teaching sessions and international exchanges between Bristol and Mbarara. I was also responsible for managing the finances of the programme, and all logistical arrangements for Ugandan staff visiting UH Bristol for training fellowships. It was a big undertaking, and I was lucky to have support from my consultant colleagues in the UK, as well as senior medical staff at Mbarara.

I applied to the RCR and JRCPTB for an OOPE, outlining in detail what I expected to achieve from my time away, and how I felt it would benefit me and my future practice within the NHS. After deciding on the specific aims and objectives of the OOPE, I also discussed the project with the QI team at my local hospital, and took advice from others who had worked abroad at various points in their careers. It took around 6 months of discussions, planning and paperwork before I was able to book my flight.

In order to work in a clinical setting, I needed to apply for temporary registration from the Ugandan Medical Council, and ensure that I had suitable clinical supervision. I had fantastic support from experienced oncologists based in Uganda and in the UK, which was vital when dealing with clinical scenarios so different from those I was used to seeing at home. Patients presented with advanced disease, unusual pathologies, and different ideas and expectations about cancer and its treatment. There were challenges in securing results from biopsies, access to detailed cross-sectional imaging was limited, and reliable supplies of cytotoxic drugs were hard to come by. The doctors, nurses, pharmacists and support staff worked hard to provide the best care possible for their patients, and it was enlightening to see how these significant challenges were overcome in the context of a resource-limited setting. It was also very eye-opening to be in charge of a large project, which tested my organisational and practical abilities. Managing finances, planning a long-term quality improvement programme, and ensuring that we had accurate and up to date monitoring and evaluation procedures was at times overwhelming, but I have no doubt it has prepared me well for some of the non-clinical tasks we face as future NHS consultants. Since I returned and our

project has finished, I have also had the opportunity to present the experience at both national and international meetings.

To anyone considering taking time out of training, I would thoroughly recommend starting to think about what type of project you are interested in at an early stage. Make contacts – even a friendly introductory email will do – and engage with the College’s International Committee for advice and support when making plans. Be open to any opportunities that interest you, attend conferences and read journals (ASCO’s Journal of Global Oncology is open access and can give you an idea of the type of international work that is happening right now). Above all, discuss all your plans early on with your TPD and supervising consultant, and be sure to have their full support. My OOPE has given me skills and insights that will come in useful in my future career, and has allowed me to make new and lasting friendships and professional contacts all over the globe. I would highly recommend it.

