

Real-life story - Miss Tina Rashid

Miss Tina Rashid is a consultant surgeon in functional urology and gender services at Imperial College Healthcare NHS Trust. She works at Charing Cross, St Mary's and Hammersmith Hospitals.

Miss Tina Rashid

Consultant surgeon

Employer or university

Imperial College Healthcare NHS Trust



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**How I got into
the role**

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My medical degree included an intercalated degree in tumour biology. During medical school I had my heart set on becoming a paediatrician. A surgical career hadn't occurred to me, even though I had enjoyed art at school and practical activities as a child.

After medical school I did the equivalent of [foundation training](#) [1], which included surgical rotations. I gained experience of two sub-specialist areas of general surgery – breast surgery and renal transplant surgery.

The other surgeons were very supportive, and they encouraged me to gain practical experience in the operating theatre. As a junior doctor on a surgery rotation I felt it was really important to observe operations, as this helped me look after patients more effectively pre and post-surgery.

I found the whole experience of surgery amazing – once I was in theatre it was hard to get me out again! One female renal transplant surgeon always gave me the opportunity to [suture](#) [2] (stitch) at the end of operations. The fantastic team of people that I was working with were starting to shape my future, by their nurturing and encouragement.

The consultants arranged for me to run a day surgery list on my own, where I participated in activities such as removing the lines needed for dialysis. Of course, there was always someone senior on-hand for support and guidance.

The next stage of my training was basic surgical training, now known as core surgical training. This involved four different rotations – A&E, urology, orthopaedic surgery and vascular surgery. This gave me invaluable experience of post-surgical management and techniques. Out of all the specialities urology interested me most.

Working as a junior doctor, in such a close-knit and supportive urology team was inspirational. It allowed me to participate in some bigger and complex operations under supervision, which was really rewarding.

Before starting my higher specialist training in urology (ST3-7) I completed a year of ST2 training. (NB: ST2 training has now changed, see role article on urology for more information.) I gained experience of major surgery alongside very senior consultants, including bladder, kidney and prostate removal, and the associated reconstructive surgery. I also gained experience of the latest techniques including laparoscopic (keyhole) and robotic surgery.

The higher specialist training lasted for five years and included training at different hospitals which allowed me to gain varied experience and enabled me to choose a sub-specialty.

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What I do

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My sub-specialty is functional urology, which is female urology including pelvic organ prolapse, incontinence and infections, and incontinence in men following prostate surgery. I also operate on patients who require male to female gender reassignment.

I run two outpatients' clinics each week, one of which is a 'one-stop' clinic, where patients are seen, investigated and diagnosed on the same day. About 50% of the patients I see require surgery and the remainder can be treated conservatively (i.e. no operation).

I have three half-day surgical lists every week, which might comprise one big and one smaller operation. Gender reassignment operations generally take just under three hours.

The rest of my week is spent in meetings, doing administration such as discharge reports and letters to GPs as well as supervising a surgical trainee. I'm also involved in conducting national trials for research purposes, for example looking at urinary incontinence in men after prostate surgery. I spend time in national and international urology groups, and go to European conferences two or three times a year.

Effective communication skills and empathy are a vital part of surgery. The way a patient is told bad news will stay with them for life, and sensitivity is all-important. Although the work is sometimes emotionally draining, I am supported by departmental colleagues and the experienced nurse specialists are always particularly helpful.

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The best bits and challenges

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I feel happy when my patients are happy! There can be a taboo around topics like incontinence in men, but when I perform surgery that fixes this and enables someone to return to a normal life they are always grateful. In the same way patients who have often waited a very long time to undergo gender reassignment surgery are very appreciative.

I love the happy team-atmosphere in the operating theatre, and I usually play relaxing music in the background.

The main challenge in surgery is having sufficient time, as we must meet 18-week waiting time limits. I don't like to hurry patients in my outpatients' clinics but you quickly learn to be time efficient.

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Life outside work
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It can be hard to switch off outside work, and it's advisable not to bring work home. My working day can be around 11 hours, and I always try to keep my weekends free. I enjoy spending time with my family, socialising with friends, cycling and reading.

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Career plans and top tips for others
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My future career plans

I love my job and plan to remain in clinical work. I would also like to develop my research interests.

Top tips

- if you are interested in surgery and think you are good enough don't let anyone dissuade you
- choose consultant jobs carefully, as you will spend more time at work than home and your colleagues will become your extended family

Source URL: <https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/surgery/urology/real-life-story-miss-tina-rashid>

Links

[1] https://www.healthcareers.nhs.uk/glossary#Foundation_training

[2] <https://www.healthcareers.nhs.uk/glossary#Suture>