

Real-life story - Bynvant Sandhu

Miss Bynvant Sandhu is a general surgery higher specialty trainee working in transplant surgery. She is currently taking time out of training to obtain a PhD.

Miss Bynvant Sandhu

General surgery higher specialty trainee

Employer or university

(N/A - taking time out)



Working in transplant surgery is incredibly rewarding as you often have the opportunity to give someone a new life.

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**How I got into
the role**

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I decided that I wanted to become a surgeon during my third year at medical school, when the course included a two-month hospital placement in [colorectal](#) [1] surgery. The surgeons made me feel really welcome and I loved the work and the theatre environment from day one.

These surgeons really inspired me, and they allowed me to follow the surgical scrub and gown procedure and observe operations.

After my surgery placement I joined the committee of the University of Birmingham's surgical society, becoming president in my final (fifth) year.

My two-year [foundation training](#) [2] following medical school provided a mix of medical and surgical specialties. I was really fortunate to have one rotation in the liver transplant unit at the Queen Elizabeth Hospital in Birmingham. I fell in love with this life-saving work immediately and the surgeons encouraged me to be really involved as part of the team. I was able to see the whole patient journey, from their initial assessment for a liver transplant, through to admission, surgery, post-surgical care and ultimately discharge.

As a junior doctor in the first year of [foundation training](#) [2] (FY1) on a surgical rotation I worked closely with the nurses to manage the care of sick patients pre and post-surgery. This included organising tests and scans, monitoring patients on the wards and referring to other medical specialists where necessary.

My other rotations during FY1 were [colorectal](#) [1] surgery and diabetes and general medicine. During the second year (FY2) I gained experience of paediatric urology, A&E and upper gastrointestinal surgery.

As well as learning how to manage all aspects of the care of sick patients, the surgical registrars and consultants also taught me basic surgical skills, such as how to make sutures (stitches) and knots, enabling me to assist during surgery. I learnt the steps of an operation, including how to obtain patient consent. I also helped with admissions, which were often late-night. During FY2 I was also given increasing responsibility for presenting a patient's history and scan results at MDT meetings.

After [foundation training](#) [2] I was accepted straight onto core surgical training, which lasts for two years. I gained experience of general surgery, trauma and orthopaedic and also gained experience of managing very sick patients in [intensive care](#) [3].

During the first year of core training I took my professional examinations – Membership of the Royal College of Surgeons MRCS.

After finishing my core training I successfully applied for higher specialist training, which is a highly competitive process.

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What I do

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I'm now at ST4 level in my higher specialist training in transplant surgery, which is a sub-specialist area of general surgery. In London (where I work) the training is unique, because it's possible to focus your higher specialist training in this sub-specialty whilst also achieving general surgical competencies. Higher training in surgery lasts 6 years and spans ST2-8.

Transplant surgery is very much an academic discipline as there's so much we don't know about how organs respond after transplantation. For this reason I decided to take three years "Out of Programme Experience for Research" (OOPR), and I'm now in the final year of my PhD. My research includes finding ways to improve injury sustained to organs as part of transplantation surgery and how to reduce clotting.

As well as undertaking my own research, I have worked as an on-call transplant registrar at Hammersmith Hospital and Guy's Hospital. As a transplant registrar, I'm also involved with transplant surgery such as kidney and pancreas transplant, where my role is to assist the consultant and to learn skills under their supervision.

As an ST3 in general surgery I managed acute admissions and led a team which included foundation and other junior doctors. There's lots more responsibility at this level and it was quite nerve-wracking at the start of ST3. However, the consultants were very supportive and gave me the space to learn what I needed. I've learnt how to run a ward round and to manage the acute admissions.

At ST3 level you are given responsibility based on your level of experience. Consultants train and supervise you starting with minor procedures, building up to more complex work.

Although I now make a lot of decisions independently, the consultants are always available for advice on the end of the phone. I may need to call them in the middle of the night, but they are happy to provide me with the necessary support whatever time of day it is.

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The best bits and challenges

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Working in transplant surgery is incredibly rewarding as you often have the opportunity to give someone a new life.

Transplant surgery offers a very friendly, welcoming and engaging community. The

atmosphere in the operating theatre is great and you get to know your colleagues really well. I also love the technical problems that are presented to you, and the fact that you are able to provide a solution.

One of the challenges during core training is ensuring you gain all the necessary experience of clinical audits, research and teaching. This is probably more challenging than working towards your MRCS examinations, and involved a lot of work at home for me. It's important to become proficient at managing your time efficiently.

In transplant surgery things don't always go as well as expected, and liver surgery is particularly high-risk. Kidney transplantation also presents challenges related to immunology and organ rejection.

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**Life outside
work**

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There's no denying that the working hours for trainee surgeons can be long and transplant surgery is never going to be 9-5! It's quite common for me to be in theatre at 3 am and to be called out in the middle of the night.

But I love the job so much, and I always go home happy, knowing that I have done everything I needed to for my patients. It's important to keep a good work life balance, and outside work I enjoy spending time with friends and family. I also like adventurous holidays to unusual places and enjoy playing tennis.

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**Career plans
and top tips for
others**

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After my PhD I'm spending a further year undertaking research in the USA, with the support of a Fulbright scholarship. I then have four years of training left before I apply for consultant posts. I hope to develop an academic career that combines clinical work with lecturing, teaching and research.

Top tips

- always keep on top of your research, audit and teaching. You'll need to show

- detailed evidence of this when you apply for higher specialist training
- find yourself a mentor – someone more senior than you, who can provide you with advice and support

Source URL: <https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/surgery/general-surgery/real-life-story-byinvant-sandhu>

Links

- [1] <https://www.healthcareers.nhs.uk/glossary#Colorectal>
- [2] https://www.healthcareers.nhs.uk/glossary#Foundation_training
- [3] https://www.healthcareers.nhs.uk/glossary#Intensive_care