

## Real-life story - Dr Aamna Ali

Dr Aamna Ali works at St Michael's Hospital, part of the University Hospitals Bristol NHS Foundation Trust. She is currently part-way through her training to become a consultant in obstetrics and gynaecology, and is also a senior education fellow. The photo below shows her at Bristol zoo helping out with Kera, a gorilla, and her caesarian section, which you can read about below in the 'What I do' section.



Dr Aamna Ali with Prof Cahill and team performing the procedure on Kera  
*Photo credit: Nicolette Hayward*

Dr Aamna Ali Obstetrics and gynaecology specialist registrar (ST6) and senior education fellow

**Employer or university** St Michael's Hospital

**Salary range** Unknown

### How I got into the role

I decided that I wanted to become a doctor after attending school careers talks on medicine when I was about 15. I was attracted by the combination of hands-on practical work and intellectual stimulation. I'm a really sociable person and the idea of working with people also appealed to me.

During medical school I had two placements in obstetrics and gynaecology (O&G), which really sparked my interest. I found the doctors working in O&G to be really enthusiastic and passionate about their work. They involved me in all aspects of the team and I could see what brilliant jobs they had.

At the start of [foundation training](#) <sup>[1]</sup> I was considering a career in orthopaedic surgery, but after a three month rotation in the first year I decided this wasn't for me. It was during an O&G rotation in the second year of [foundation training](#) <sup>[1]</sup> that I decided for definite on this specialty,

as it offers such variety and the opportunity to work as part of a large team.

O&G is a run-through training from ST1-7 and you apply directly after your two years of [foundation training](#) [1]. Competition can be stiff so it's important to demonstrate genuine enthusiasm and relevant experience. So try to ensure you get an O&G rotation during [foundation training](#) [1] and offer to help in different ways, perhaps at a caesarean section or with a [clinical audit](#) [2].

## What I do

My training has involved working in various hospitals in the South West. I am based in Bristol, and have travelled to the different hospitals in this large area on a daily basis. This has provided broad experience in all aspects of O&G.

I am now training on a [less than full time](#) [3] basis as I have a baby. I work three days a week, which includes a full day in surgery, and two half-day outpatients' clinics, one for gynaecology and the other for ante-natal care. In the ante-natal clinic I see women with higher risk pregnancies. I also spend time on the labour ward and I'm also involved in teaching activities.

The surgical list covers both minor surgery such as ovarian cyst removal and bigger operations such as a hysterectomy. Although there's always a consultant present, I'm able to perform the more straightforward operations on my own. With something more complex, I may perform just part of the surgery.

Emergency on-call duties have to be fitted around my job. This usually works out as a weekend of either days or nights every other month.

I've also had to fit in the part 1 and 2 exams of the Royal College of Obstetrics and Gynaecology (RCOG). Without these you cannot become a consultant. The exams are very different to the exams you take as an undergraduate – clinical work is extremely important. I've taken private revision courses to help me with this, which can be expensive.

My role as a teaching fellow involves working on the O&G syllabus for the University of Bristol's medical school. This involves developing the teaching materials, assessment and working closely with the university to ensure the syllabus is covered as set out by the GMC. I have also been involved in delivering seminars to groups of around 25 students.

I'm currently undertaking the Postgraduate Diploma in Medical Education, which leads to an MSc.

I recently had the opportunity to do something completely different. My consultant Professor David Cahill has been working with Bristol Zoo for some years, providing advice to the vets regarding pregnant Western Lowland gorillas. I was taken completely by surprise one day when the professor asked me to come in on my day off. I was expecting perhaps some additional teaching work, but instead he asked me to accompany him to Bristol Zoo to see Kera the gorilla who had been feeling rather unwell during the latter stages of her pregnancy.

We performed blood and urine tests and it became clear that Kera was suffering from pre-eclampsia, a potentially life-threatening condition. We scanned Kera with the help of the veterinary radiologist, and we found that her baby had insufficient amniotic fluid and a slow

heart-beat. The professor examined Kera and a decision was made to perform an emergency caesarean section.

I was totally out of my comfort zone - back at the hospital we have a scrub nurse to assist during surgery and over 60 instruments at our fingertips. However, at the zoo we had to make do with just 20. When we opened up Kera's abdomen we were relieved to find that her anatomy was much the same as a human's and we were able to deliver her baby safely. It was very much like delivering a human baby by caesarean section, and in fact the baby gorilla resembled a human baby quite closely. This was one of the most amazing moments in my career!

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## **The best bits and challenges**

Working in O&G is amazing. It is real privilege to be involved during such a special time in people's lives, such as the birth of a baby. If I ever have a bad day, I remind myself how lucky I am to have such an interesting and varied job.

The work also has its challenging moments when things don't go as planned, for example in the case of stillbirth. I have brilliant support from my clinical team and supervisors. It's always difficult emotionally, as you have usually built rapport with the mother. And we are always learning about the best way to break bad news, and I learn from the senior staff. Our priority during these times is to make these difficult experiences the best they can be for the mother. Sometimes I'll get a thank you card from the parents, which makes all the difference.

## **Life outside work**

In medicine it's really important that you switch off outside work. You can't work all the time! I now have a young child, so making sure I have sufficient time to spend with him is very important. Working three days a week leaves me sufficient time with my son to do ordinary things like going to the park. Our on-call rotas are published well in advance which enables me to plan childcare with my husband and our nanny.

It's important for me to separate work and home life. As well as spending time with my son, I also like to relax with friends and family and travel when I can.

## **Career plans and top tips for others**

As I'm now working part-time it will take me another two years before I achieve my [CCT](#) [4]. After that I will apply for consultant posts.

## Top tips

- success in the Royal College of Obstetricians (RCOG) exams is all about thinking ahead, pacing yourself and being really organised – as you need to plan your job around your exams
- take every opportunity that is given to you – for example to help with a research project or [clinical audit](#) [2]. Be enthusiastic!
- if you decide that O&G is for you, tell as many people as possible and you will find that more opportunities come your way
- get involved with the [RCOG](#) [5] as early as you can- they offer prizes and fellowships for medical students and junior doctors

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## Links

[1] [https://www.healthcareers.nhs.uk/glossary#Foundation\\_training](https://www.healthcareers.nhs.uk/glossary#Foundation_training)

[2] [https://www.healthcareers.nhs.uk/glossary#Clinical\\_audit](https://www.healthcareers.nhs.uk/glossary#Clinical_audit)

[3] <https://www.healthcareers.nhs.uk/i-am/working-health/information-doctors/less-full-time-training-doctors>

[4] <https://www.healthcareers.nhs.uk/glossary#CCT>

[5] <https://www.rcog.org.uk/>