

Real-life story - Dr Thinzar Koko

Dr Thinzar Koko is an international medical graduate and it was while working in London as a junior doctor that she discovered she really enjoyed haematology. She is an ST3 trainee in haematology and began her specialty training a few months ago.



Dr Thinzar Koko Specialty trainee, ST3 in haematology

Employer or university Brighton and Sussex University Hospitals NHS Trust

Salary range Unknown

How I got into the role

It's been an ambition of mine to get into medicine since I was very young. It wasn't until I was about 16 years old that this dream started to become a reality as I was getting good grades at school. I went to medical school in Burma as that's where I'm from. After medical school I spent three years in Burma working as a doctor, before moving to the UK.

A family friend, an anaesthetist based in Wales, suggested I move to the UK. Coming from overseas, I needed to pass the Professional and Linguistic Assessment Board (PLAB) exam, which is administered by the GMC, before I could obtain full registration to practice in the UK. During the first few years in the UK I worked in non-training roles such as clinical fellowship roles. This was mainly because it's very competitive to get into training in London, which is where I wanted to live.

Over a period of three years I worked in several hospitals, including Queen's Hospital in Romford, St George's Hospital in Tooting, King's College Hospital in Denmark Hill and Hammersmith Hospital. After gaining experience in stroke medicine at Queen's hospital and acute medicine and cardiology at St George's, I moved to a clinical fellow post in haematology at King's College. This was my first real introduction to haematology and since I really enjoyed it, I decided to apply for ST3 training in this specialty. Working as a clinical fellow in haematology (ST3 equivalent) in Hammersmith Hospital, I gained

more experience in haematology at registrar level. That enabled me to gain sufficient confidence to work as a registrar at ST3.

I didn't follow the usual core medicine training (CMT) route. By the time I'd decided my career direction, I'd already had over 18 months' experience in medicine. At the time this meant I was not eligible to apply for CMT. This has changed now, but it meant I had to go down the alternative route of getting each rotation signed off (NB this process is explained on the NHS specialty recruitment website).

I think the CMT route is easier, as you're on a set programme which means that you don't have to keep going for interviews for different rotations, or get your experience signed off using the alternative certificate. During this time I had to maintain an e-portfolio, in the same way as CMT trainees, and I had to prepare a really good CV and portfolio for each interview. I also passed my MRCP exam.

[1] [2]

What I do

In the haematology department here at the Royal Sussex Hospital there are just two specialty registrars. One registrar spends six months focusing on laboratory work and the other spends six months covering the wards. In other hospitals the way this is organised might be different, for example, you might spend only two months on laboratory work and then swap over to ward work (or vice versa). I started ST3 only a few months ago, and at the moment I'm covering the wards, so I haven't experienced what it's like to cover the labs yet.

Patients are referred to haematologists for blood disorders and the work involves close co-operation with the labs for blood testing. The types of illnesses we look after are lymphoma, myeloproliferative disorders (a group of disorders that cause blood cells to grow abnormally in the bone marrow), acute and chronic leukaemia, myeloma, and sickle cell disease.

The ward rotation is busy, as the ward specialty registrar takes referrals from other specialties and also looks after in-patient and haematology day unit patients. There's a consultant ward round twice a week, on a Monday and a Friday. Then I have my own ward rounds on Tuesdays, Wednesdays and Thursdays.

We look after patients with haematological oncology diseases such as new diagnosis leukaemia, lymphoma and myeloma, as well as in-patients having chemotherapy and complications arising from sickle cell disease.

Some of our haematology in-patients are extremely unwell, for example if they are suffering from neutropenic sepsis, (a life-threatening complication following chemotherapy) or have multi-system problems.

I also have a bone marrow biopsy list on Wednesday afternoons. This is an outpatients' list and each slot is approximately 45 minutes. Bone marrow testing is a practical procedure, and this involves an aspiration of bone marrow and specialised biopsy. The purpose is to achieve a haematology diagnosis, to assess disease status post chemotherapy and to decide if bone marrow transplant is needed.

The ward specialty registrar also takes referrals from other specialties regarding haematological problems and gives advice, discusses with our consultants if needed and reviews the patients.

The registrar that focuses on laboratory work usually has a multidisciplinary team meeting (MDT) on Monday and has clinics on Tuesday, Wednesday and Thursday as well as laboratory reporting. They also undertake bone marrow aspiration and a specialist biopsy list every Tuesday.?

My typical hours are from 9am ? 5pm, and once a week I have an evening on call (17:00-21:00). I also have a weekend on call every five weeks. Our consultants are very supportive and approachable and our routine working days and on calls are always under the supervision of consultants.

We have a junior registrars training day every six weeks in London, which is formal teaching for haematological diseases and emergencies.

We not only provide clinical care but are also involved in diagnosis.

The best bits and challenges

I love my job. It's really interesting as it's a dual role. We not only provide clinical care but are also involved in diagnosis. We're part of the whole patient journey from admission, diagnosis, treatment and holistic care of the patient. The job helps me to improve my communication skills as we have daily communication with other hospital doctors to give haematological advice. We also hold multidisciplinary team meetings (MDTs) with microbiologists, radiologists, histopathologists, clinical nurse specialists and pharmacists. Research is also an exciting part of haematology as there are new treatments coming in every year and we can see that clinical outcomes are improved with new treatment.

Finally, I really enjoy working with the multi-professional workforce, which is very much a part of the role.

There's a steep learning curve for haematology when you start as a new registrar as there is so much to learn. I'm still learning and my knowledge and understanding has improved a lot.

Haematologists need good time management skills, as you have many responsibilities and days can be extremely busy, with a daily mix of ward rounds, on calls and bone marrow lists.

Life outside work

I live in Brighton, which is great. I love jogging on the beach and I enjoy going for walks in the beautiful surrounding countryside.

I also enjoy going shopping, either in Brighton or London and spending time with friends.?

Career plans and top tips for others

I have just started my training in haematology, so I plan to do my Royal College of Pathology exams next year. I am more interested in haematological oncology [3], especially lymphoma.

Top tips:

- try to learn some procedures such as bone marrow aspiration [4] and specialised biopsies before you start haematology training
- before applying for a training post aim to complete at least a four to six month period working in haematology ? either as a rotation as part of your training, or in a clinical fellow role
- attend haematology conferences and courses where possible and undertake a haematology project or research

Source URL: <https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/pathology/haematology-doctor/real-life-story-dr-thinzar-koko>

Links

[1] <https://www.healthcareers.nhs.uk/glossary#MRCP>

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

[3] <https://www.healthcareers.nhs.uk/glossary#Oncology>

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