

JOB DESCRIPTION

Job Title: GP ST1 and 2

Speciality: Obstetrics and Gynaecology

Duration of Post: 6 months

Base: Salford Royal Hospitals NHS Foundation Trust

Responsible to: Consultants in obstetrics and gynaecology

Working Hours: 48hrs

On-call: Resident 8 doctor full shift

On call team comprises: FY2/ST1/ST2/GPST

Middle grade registrar

Consultant

Duties of the post

Attending ante-natal and gynaecological clinics (supernumery).

Care of ante-natal and post-natal patients on the ward.

Care of gynaecological inpatients.

Dealing with both routine and emergency admissions including attendance at A&E according to rota.

Preparation of patients for theatre and post-operative care.

Assisting in theatre and on the delivery unit.

Participation in duty rota.

A face-to-face handover of care must take place at every change of shifts, with communication of details about all problem patients. Handover occurs at 9am, 1pm, 5pm and 9pm on the Central Delivery Unit. It is expected that all members of the outgoing and incoming team meet there for formal team handover. The 2nd on call will complete the Handover form, (available on CDU) and discuss any cases on this. This is essential for patient care, but also for appropriate allocation of work and training opportunities. It is also an opportunity to discuss any difficult cases managed during the shift and therefore a learning opportunity. Within the job plan there is half an hour allocated to handover at 9-9.30am and pm.

Trainees must carry out a daily ward round of all gynaecology and maternity patients, according to rota, in time to allow discharge prescriptions to be obtained; and write in the notes or on electronic patient record (EPR) daily.

At weekends and Bank Holidays every gynaecology and maternity patient in the hospital must be seen, and the notes/EPR written in.

Discharge summaries are to be completed for all patient attendances. All patients must have a HAT assessment completed on admission, and this must be updated according to clinical changes.

The appointee is not required to carry out terminations of pregnancy, but must be prepared to treat an existing condition in a patient awaiting termination, or provide treatment required as a result of a termination already undertaken (GMC Guidance).

On Call

Obstetric SHO (Monday-Friday 0900-1700)

- Attend handover on CDU.
- Go on CDU ward round.
- Go to M2 where you will see patients as requested to do so by midwives. Review any problems and discuss with ward registrar or consultant as appropriate, complete discharge summaries, prescriptions, etc.
- See emergency admissions to CDU and M2.
- Review patients on DCAU.
- Discuss ward patients with ward registrar.
- Assist/operate in maternity theatre.
- Ensure all emergency admissions are discussed with the on-call registrar or consultant and document the discussion in the case notes/isoft.
- Attend handover at end of shift and pass on any problems to the on-coming team.

Gynaecology SHO (Monday-Friday 0900-1700)

- Attend handover on CDU.
- Carry out a ward round ward G1. Ensure all patients are reviewed, so if the team members are not on duty, ensure that you review them and if necessary discuss with their consultant
- Discuss ward patients with ward registrar.
- See all women admitted for surgery, clerking if required and perform heart and lung check.
- Carry out duties on the ward as indicated by work book and as requested to by nursing staff including patient review, discharge summaries, take home medications. (Where possible the team SHO should prepare initial draft discharge summary which can be updated on day of discharge).
- See all gynaecology referrals from A+E and GPs.
- Ensure gynaecology outliers on other wards, including HDU and ITU have been seen.

- Discuss all emergency admissions with the on-call registrar or consultant and document in isoft
- Attend handover and ensure that all ongoing problems are discussed

Weekends

SHO Saturday and Sunday 0900-2130

- SHO should attend the labour ward handover and ward round.
- Problems from the previous evening should be discussed and prioritized with the registrar.
- SHO should go to Eric Rawlings ward and perform a ward round. Discharge summaries, prescriptions, etc should be done.
- Attend M3 to complete routine work, 1st day checks, discharges etc.
- Attend M2 to complete routine work.
- All admissions and unwell patients, on each ward, should be discussed with the registrar.
- Liaise with registrar to ensure that all outliers and HDU/ITU patients are reviewed.
- If unable to take natural breaks, give bleep to registrar, inform them where you will be and have a break (20 mins). During such a break you should only be called for acute emergencies.
- Attend CDU handover at end of shift and handover any ongoing problem or outstanding work.

Nights

On-Call SHO 2100-0930

- Attend CDU handover and ward round.
- The SHO will attend all emergency admissions. All emergency patients must be discussed with the registrar before admission or discharge.
- The SHO will be called to sort out problems on M2, M3, ERW and CDU. All but the simplest problems should be discussed with the registrar. As the SHO becomes more experienced they will need to discuss fewer problems but the registrar will still need to know about patients with raised BP, abnormal CTG's APH/PPH etc. When it is busy the registrar will help with admissions.
- Where possible all A+E referrals need to be given priority – these patients need to be admitted or discharged within 4 hours, thus on occasion the registrar may have to be asked to go to A+E if the SHO is busy.
- If unable to take natural breaks, give bleep to registrar, inform them where you will be and have a break (20 mins). During such a break you should only be called for acute emergencies.
- Attend CDU handover at end of shift.

Clinical Governance

It is essential you complete local department and Trust induction. Your training needs will be assessed by the postgraduate department, and these must be completed. Trust Mandatory training and local Mandatory training will be covered during induction. A list of training requirements needs to be completed within the first 2 weeks after appointment.

You will each be assigned a named Educational supervisor. Please arrange to have your induction interview within the first week if possible.

You will be able to attend the GP teaching.

Each trainee is responsible for their own learning by participating actively in all learning opportunities, both formal training and opportunities within the workplace. You are expected to maintain a portfolio of training, to complete required assessments at the appropriate time and to promptly notify your Educational Supervisor or College Tutor of any difficulties experienced during your training.

Dr Liz Holt is College Tutor and Dr Tim Johnson is the Hospital Clinical Tutor.

Induction paperwork MUST be completed within the first week and returned to Jeanette Carter or Jean Mason. This is a mandatory requirement. I will not sign any requests for study leave if this has not occurred.

Teaching

We have a Postgraduate meeting 14:00 Monday afternoon.

You are expected to attend if you are not on leave. There is an attendance register to sign and any apologies for absence should be given to Dr Holt's secretary Alison, on 65310. She keeps a spreadsheet showing attendance. Everyone will be expected and encouraged to actively participate in these meetings.

You will of course receive informal teaching in all clinics and theatre lists and when you are CDU. 1st on call doctors are supernumerary in clinics to facilitate this.

On the 3rd Monday of the month consultants will be available for educational supervision eg Case based discussion, mini-CEX etc.

Medical students from Manchester University will be attached to the unit, and you are expected to participate in their education.

Educational Aspects of the Post

Purpose of the post

The post will provide trainee GP's with skills and knowledge in Women's and sexual health that are relevant to primary care, and which will enable them to provide better quality care for their patients. It also aims to give them some enthusiasm for the speciality which, as more sexual health care is devolved to primary care is of increasing importance.

The overall aims will be:-

- **To learning about & how to manage important/or common conditions in Obstetrics, Gynaecology and sexual medicine**
- **Develop practical skills for examination, assessment, screening and treatment.**
- **Develop patient centred consulting skills particular helpful in women & sexual health.**
- **To prepare for and hopefully sit the Diploma of faculty of family Planning exams, DRCOG and MRCGP.**

The curriculum will be based on the new General Practice curriculum where clear learning outcomes are stated. The areas covered are from the curriculum statements 11- Sexual Health and 10.1- Women's health.

Area of the curriculum to be covered	Where this may be achieved during the post
Acquiring knowledge of the signs, symptoms, treatment or appropriate referral of common or important sexual health presentations and conditions (as listed in curriculum statement 11).	This would be achieved during the teaching sessions and clinics. It should be possible to attend the GUM clinic during the post.
Learn to work within a team to provide sexual health services, particularly emphasising confidentiality, health promotion and appropriate counselling.	The ability to work in the team will be gained during time on the wards, clinics and delivery suite. The specific objectives will be discussed during the post.
Gain knowledge and confidence in sexual health investigations, treatments, appropriate counselling/advice and contraception options. Be familiar with the local services and policies	This will be discussed during teaching and knowledge gained by reading. During the training programme the learner

for contact tracing.	should attend GUM clinics and Family Planning Clinics.
Gain skills in taking a thorough, non judgemental and sensitive sexual history. Also in being able to use this information to form a differential diagnosis and formulate a sensible management plan.	This will be discussed during teaching and knowledge gained by reading. During the training programme the learner should try to attend GUM clinics and Family Planning Clinics.
Learn about the risks of cervical cancer, the screening process and appropriate referrals of abnormal results of cervical smear tests. Understand consent and confidentiality and be able to counsel someone before having a smear. They should be assessed in competence to take a smear.	The learner will gain knowledge from reading and teaching sessions. They should attend the colposcopy clinics and gynaecology clinics. Smear training should be provided during the training programme.
To understand the psychological and social effects of sexual health problems, the cultural issues, the social stigma, the effect of mental health problems/drugs/alcohol problems on sexual health and the needs of those in neglected groups such as elderly or patients with learning difficulties.	This should be discussed during teaching sessions and case discussions. The learners should have the opportunity to attend the GUM and family planning clinics during the training programme.
To know about the legal and ethical aspects of contraception and sexual health	This should be discussed during teaching sessions and case discussions. The learners should have the opportunity to attend the GUM and family planning clinics during the training programme.
To Gain knowledge & confidence in the common and/or important presentations and conditions in obstetrics and Gynaecology (as listed in curriculum statement 10.1) and their management.	The learners will be part of the clinical team on the ward and delivery suite. They should attend clinic. These subjects will be discussed during teaching and case based discussions
Become familiar with specific treatment areas such as HRT, gynaecological operations, prescribing in pregnancy and the approach and palliative management of patients with gynaecological terminal illness.	The learners will be part of the clinical team on the ward and delivery suite. They should attend clinic. These subjects will be discussed during teaching and case based discussions
To know about various common problems in pregnancy, appropriate health promotion surrounding pregnancy & pre-conception and counselling for example regarding antenatal screening.	The learners should have the opportunity to attend antenatal clinics at the hospital and in General Practice. This knowledge will be gained by reading, from teaching sessions and discussion with midwives.
To be able to develop communication skills that enable the doctor to consult in a patient-centred, sensitive way regarding difficult issues such as sexual abuse, domestic violence, genital mutilation, and have the skills to deal with these issues appropriately.	The skills can be discussed at teaching sessions and in case based discussion. The consultation skills can be discussed with the educational supervisor. It may be possible to develop skills in this area

	in A+E or psychiatry.
To recognise the issues relating to lifestyle, sexual orientation, chaperones and the gender of the doctor, and be able to take account of those when seeing female patients.	The learners need to read around this area and discuss at teaching sessions. Practical experience may be gained in General Practice.
Gain skills in gentle and thorough pelvic examination, performing of a cervical smear breast examination, catheterisation and ring pessaries changes in a respectful, professional & patient-centred manner.	The learners should attend gynaecology clinics during the post.

Educational content:

The post holder will have a named clinical/Educational supervisor who is accountable for the overall educational experience of the job.

The post holder will also attend the weekly educational meetings organised by the General Practice Primary Care Medical Educator.

The post holder will participate in a continuing programme of education in women's health within the hospital department. This will be encouraged by various educational methods including self directed learning, tutorials, random case analysis, project work, audit, case studies, computer based learning and clinical practice.

We will endeavour to make the post relevant to Women's and sexual health. For example, the post holder will attend antenatal clinics and gynaecology clinics.

There will hopefully be opportunities to attend the family planning and GUM clinics during the 6 months post.

The post holder will be entitled to study leave in accordance with national and local guidelines.

The Appraisal and Educational Assessment:

Trainees will be appraised at the beginning of their job, at 8 weeks and at the end of the job to provide educational feedback and suggest ways forward.

Educational Assessment will be based on the core curriculum.

At the end of the post the clinical supervisor will complete the supervisors report in the trainees e portfolio. The trainee will be encouraged to give feedback on the training post.

Example Timetable:

	AM	PM
MONDAY	ANC	Post Grad meeting
TUESDAY	GOPD	Gynae oncall
WEDNESDAY	Obs on call	GP Teaching
THURSDAY	Off	Off
FRIDAY	Obs on call	Theatre