

**JOB DESCRIPTION FOR GP SPECIALTY TRAINEES**

**Obstetrics and Gynaecology**  
**EAST LANCASHIRE ACUTE NHS TRUST**

<b>Job Title:</b>	<b>GP ST2</b>
<b>Speciality:</b>	<b>Obstetrics and Gynaecology</b>
<b>Duration of Post:</b>	6 months in GP ST2 as part of the GP Specialty Training Programme
<b>Base:</b>	<b>Burnley General Hospital</b>
<b>Responsible to:</b>	Consultants in obstetrics and gynaecology
<b>Working Hours:</b>	48 hours
<b>On-call:</b>	Full Shift rota on a 1 in 8 frequency

**Duties of the Post**

GP Specialty Trainees are responsible to the Consultants and the Trust for:

- Attending ante-natal and gynaecological clinics.
- Care of patients in ante-natal and post-natal wards.
- Dealing with both routine and emergency admissions.
- Preparation of patients for theatre and post-operative care.
- Assisting in theatre and on the delivery suite.
- 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.
- The trainee must carry out a daily ward round of all gynaecology and maternity patients on their firm, in time to allow discharge prescriptions to be obtained; and write in the notes daily.
- At weekends and Bank Holidays every gynaecology and maternity patient in the hospital must be seen, and the notes written in.
- Discharge summaries are to be dictated on gynaecology patients.
- Results relating to their firm must be seen and signed daily.
- Checking Radiology and Pathology reports and ensuring that appropriate action is taken.
- Duties outside the Hospital that may be agreed by the Department (e.g. clinics, transfer of patients between hospitals etc.).
- To contact personally Laboratory technicians and Radiographers on-call when they are required in cases of emergency.
- To interview relatives of patients, as required.

- Prompt and effective communication of discharge of patients to relevant professionals within the primary care team.
- Maintenance of adequate and proper records on patients for both clinical and audit purposes (including data input into the computer system) and for the furnishing of letters, reports and other documentation as required for medical, legal and statutory purposes.
- Instruction of nursing staff, FY1 and from time to time medical students, under training within the Department.
- Coding diagnostics and treatment of patients on the information system
- To attend the designated teaching sessions of the department.

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).

## **Clinical Governance**

Undertake induction and mandatory training, including completion of the Educational Agreement.

This includes completing training in electrocardiograph interpretation, using the online K2 teaching package, and attendance at PROMPT obstetric emergency study days.

In accordance with the Educational Contract, take part in audit.

## **Teaching**

Where Manchester undergraduates are attached to the unit, the post holder is encouraged to teach them informally, and give them opportunities to clerk patients and present their histories.

## **Purpose of the post:**

The post will provide them 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 specialty which, as more sexual health care is devolved to primary care is of increasing importance.

### **The overall aims will be:-**

- To learn 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 particularly helpful in women & sexual health.
- To prepare for and hopefully sit the Diploma of faculty of family Planning exams.

## **Educational content:**

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

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

The post holder will participate in a continuing programme of education in Obstetrics and Gynaecology 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.

The post holder will be entitled to 30 days study leave per year in accordance with national and local guidelines.

The post holder should record progress in their e-portfolio through regular learning log entries (the Deanery suggests a minimum of 3 entries per week).

## **The Appraisal and Educational Assessment:**

Trainees should be appraised by their clinical supervisor at the beginning of their job, at 8 weeks and at the end of the job to provide educational feedback and suggest ways forward. Details of meetings should be recorded by the clinical supervisor in the educator notes on the trainee's eportfolio. Educational appraisal and assessment should be based on the GP core curriculum.

At the end of the post the clinical supervisor will complete the supervisors report in the trainee's e-portfolio. **All available evidence relating to the post should be reviewed before completing the report** – this includes the mandatory tools, relevant eportfolio log entries, and feedback on performance from staff and colleagues.

The trainee should give feedback to the Training Programme Director on the training post.

## **Learning Outcomes**

Most hospital posts which GP Specialty Trainees experience will support a number of learning outcomes derived from Being a General Practitioner as well as more specific skills and knowledge. In planning the training programme for a GP ST, clinical supervisors will want to bear in mind that the new curriculum is focused more strongly than in the past on the knowledge, skills and competences that are required in general practice.

## Learning Objectives for GPST Obstetrics and Gynaecology Post

The following learning outcomes or objectives relate specifically to the management of women's health. These learning outcomes are in addition to those detailed in the core statement, *Being a General Practitioner* RCGP Curriculum 2010, Statement 1 Being a GP, revised 30 May 2012 <http://www.rcgp-curriculum.org.uk/pdf/RCGP-Curriculum-1-Being-a-GP.pdf>

They should also be read in conjunction with related issues in the statements 3.07 *Men's Health* and 3.08 *Sexual Health*. In order to demonstrate the core competences in the area of women's health you will require knowledge, skills and attitudes in the following areas:

The learning objectives are based on the RCGP Curriculum 2010, Statement 3.06 Women's Health, revised 30 May 2012 <http://www.rcgp-curriculum.org.uk/pdf/RCGP-Curriculum-3.06-Womens-health.pdf> and RCGP Curriculum 2010, Statement 3.08 Sexual Health, revised 30 May 2012 <http://www.rcgp-curriculum.org.uk/pdf/RCGP-Curriculum-3.08-Sexual-Health.pdf>

Area of competence	Where this may be achieved during the post
<p><b>1 Primary care management</b></p> <p>This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) This means that as a GP you should:</p>	
<p><b>Women's Health</b></p> <p>1.1 Demonstrate knowledge of women's health problems, conditions and diseases, and recognise that some non-gender specific issues present differently in women, such as depression, alcoholism, eating disorders and domestic violence</p> <p>1.2 Describe how practice management issues impact on the provision of care to women, including choice and availability of female doctors</p> <p>1.3 Maintain patient records that are accurate, facilitate continuity of care and respect the patient's confidentiality (particularly in relation to family issues, domestic violence, termination of pregnancy, sexually transmitted infections and 'partner notification')</p> <p>1.4 Provide information to patients on possible local support services, referral services, networks and groups for women (e.g. family planning, breast cancer nurses, domestic violence resources)</p> <p>1.5 Inform patients of the results of screening and ensure follow-up</p> <p><b>Sexual Health</b></p>	<p>Gynaecology ward, Antenatal ward, Postnatal Ward, birth Suite, Antenatal and Gynaecology clinics</p>

<p>1.1 Appreciate the definition of sexual health as being about the ‘enjoyment of the sexual activity you want without causing yourself or anyone else suffering or physical or mental harm. It is also about contraception and avoiding infections’</p> <p>1.2 Manage primary contact with patients who have sexual health concerns and problems</p> <p>1.3 Work in partnership with practice nurses, health visitors and other members of the practice team, including receptionists, to ensure patient services in sexual health are accessible and co-ordinated</p> <p>1.4 Co-ordinate care and make timely, appropriate referrals to specialist services, especially to gynaecologists, sexual and reproductive health specialists, genito-urinary specialists, urologists, specialists in infectious diseases and specialists in sexual dysfunction – knowing the boundaries of what is reasonable and practicable in general practice</p> <p>1.5 Promote sexual health and well-being by applying health promotion and disease prevention strategies appropriately</p> <p>1.6 Explain to patients the strategies for early detection of sexual health problems that may be present but have not yet produced symptoms</p>	
<p><b>2 Person-centred care</b></p> <p>This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. This means that as a GP you should:</p>	
<p><b>Women’s Health</b></p> <p>2.1 Communicate sensitively with women about sexuality and intimate issues (particularly in recognising the impact of past sexual abuse and the illegal procedure of female genital mutilation (‘female circumcision’); see also Learning Resources below and 3.08 Sexual Health statement)</p> <p>2.2 Integrate the fact that many women consult for lifestyle advice and that you as a GP should not over-medicalise these issues</p> <p>2.3 Recognise the issues of gender and power, and the patient–doctor relationship, and know how to prevent these issues adversely affecting women’s health care</p> <p>2.4 Understand that as the sexual partners of some women are women you must not make assumptions such as the need for contraception</p> <p>2.5 Describe the issues relating to the use of chaperones (e.g. the added embarrassment that can come from the presence of a third person; your protection from malicious complaints and safeguarding issues for the patient)</p> <p>2.6 Describe the impact of gender on individual ways of thinking and lifestyle, and formulate strategies for</p>	<p>Gynaecology ward, Antenatal ward, Postnatal Ward, birth Suite, Antenatal and Gynaecology clinics</p>

<p>responding to this. For example, some women, such as those from low socio-economic groups or those living with an addiction, may have limited control over lifestyle choices</p> <p><b>Sexual Health</b></p> <p>2.1 Take a sexual history from a male or female patient in a way that is private and confidential, non-judgemental, responsive to the reactions of the patient and avoids assumptions about sexual orientation or the gender of the partner(s), or assumptions related to age, disability or ethnic origin</p>	
<p><b>3 Specific problem-solving skills</b></p> <p>This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality. This means that as a GP you should:</p>	
<p><b>Women's Health</b></p> <p>3.1 Recognise common signs and symptoms of, and know how to manage, gynaecological disease; be the first port of call for pregnancy, eating disorders and other conditions confined to or more common in women, involving other members of the healthcare team as appropriate</p> <p>3.2 Intervene urgently with suspected malignancy and have a low threshold for the referral of breast lumps</p> <p>3.3 Recognise and intervene immediately when patients present with a gynaecological or obstetric emergency</p> <p>3.4 Demonstrate an understanding of the importance of risk factors in the diagnosis and management of women's problems, e.g. is a patient who presents with a breast lump on hormone replacement therapy?</p> <p>3.5 Recognise the prevalence of domestic violence and question sensitively where this may be an issue</p> <p>3.6 Know how the social and biological features of the perimenopause and menopause period interact and affect health, social well-being and relationships (e.g. mood swings, anxiety and depression, reduced libido)</p> <p><b>Sexual Health</b></p> <p>3.1 Be able to describe the functional anatomy of the male and female genital systems and the female reproductive physiology to aid diagnosis</p> <p>3.2 Apply the information gathered from the patient's sexual history and examination to generate a differential diagnosis and formulate a management plan</p> <p>3.3 Be able to describe common presentations of sexual dysfunction and of sexual violence and abuse, including covert presentations such as somatisation (physical symptoms)</p> <p>3.4 Counsel patients with sexual problems including psychosexual issues related to contraception, sexually transmitted infection, HIV testing and patients who have an unplanned or unwanted pregnancy</p> <p>3.5 Be able to describe the best-practice guidance on the provision of advice and treatment to young people under</p>	<p>Gynaecology ward, Antenatal ward, Postnatal Ward, birth Suite, Antenatal and Gynaecology clinics</p>

<p>16 years</p> <p>3.6 Know when urgent intervention is needed in sexual health and, if necessary, refer appropriately, e.g. in the provision of emergency contraception or in severe pelvic inflammatory disease or in serious infections in the immune-compromised patient</p> <p>3.7 Understand the presentation of sexually transmitted infections that may present early and in an undifferentiated way, or may be present without symptoms</p> <p>3.8 Be aware of the limitations of 'watching and waiting' because some serious infections, e.g. chlamydia and HIV, may also lapse back into being asymptomatic while still causing harm to the patient</p>	
<p><b>4 A comprehensive approach</b></p> <p>This area of competence is about how you as a general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. This means that as a GP you should:</p>	
<p><b>Women's Health</b></p> <p>4.1 Use screening strategies relevant to women (e.g. cervical, breast, other cancers, postnatal depression) and advise patients on their advantages/disadvantages</p> <p>4.2 Be able to advise on prevention strategies relevant to women (e.g. safer sex, pre-pregnancy counselling, antenatal care, immunisation, osteoporosis)</p> <p>4.3 Understand the importance of promoting health and a healthy lifestyle in women and, in particular, the impact of this on the unborn child, growing children and the family</p> <p>4.4 Understand the impact of other illness, in both the patient and her family, on the presentation and management of women's health problems</p> <p><b>Sexual Health</b></p> <p>4.1 Use the sexual history (including partner history and information on sexual practices including condom use) and other relevant information to assess the risk of sexually transmitted infection, unwanted pregnancy and cervical cancer</p> <p>4.2 Be able to teach the patient about male and female condom use</p> <p>4.3 Use risk assessment to tailor advice and care accordingly, including advice on safer sexual practices and hepatitis B immunisation/ HIV testing</p> <p>4.4 Competently take a cervical screening test at the appropriate intervals</p> <p>4.5 Understand which factors may indicate that a woman is at high risk of cervical cancer and the value of an</p>	<p>Gynaecology ward, Antenatal ward, Postnatal Ward, birth Suite, Antenatal and Gynaecology clinics</p>

opportunistic approach to screening in this group

4.6 Know when to refer a patient with cervical screening abnormalities and what is involved in secondary care management

4.7 Be able to describe the specific interventions for HIV prevention such as post-exposure prophylaxis and the prevention of mother-to-baby transmission

4.8 Understand the screening programmes in use in the UK and the benefits, limitations and need for informed consent (e.g. the Chlamydia Screening Programme and Cervical Screening Programme).

4.9 Be able to describe the different patient groups who are at greater risk of unplanned pregnancies and the value of an opportunistic approach for health promotion

**Examples of sexual health promotion opportunities in primary care include:**

4.10 Health education and prevention advice – safe sex and risk reduction

4.11 Human papilloma virus (HPV) vaccination programme

4.12 Unplanned pregnancies

4.13 National screening programmes – cervical screening, chlamydia, antenatal HIV testing

4.14 Hepatitis B immunisation programme

4.15 Occupational risks – exposure to needle stick injuries

**5 Community orientation**

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. This means that as a GP you should:

**Women’s Health**

5.1 Understand the issues of equity and access to health information and services for women

5.2 Evaluate the effectiveness of the primary care service you provide from the female patient’s point of view

5.3 Critically review the role of well-woman clinics in primary care

**Sexual Health**

5.1 Know the epidemiology of sexual health problems and how it is reflected in the local community

5.2 Recognise that the prevalence of sexual health problems, including HIV, will be affected by the makeup of the local population

5.3 Consider commissioning/provider issues for a locality need with a view to improving services, setting direction and managing services, e.g. religious circumcision provision and sexual health outreach for sex workers

Gynaecology ward, Antenatal ward, Postnatal Ward, birth Suite, Antenatal and Gynaecology clinics



<p>5.4 Know the principles of, and current guidance for, partner notification</p> <p>5.5 Provide patients with access to local sexual health services, including services for specialist contraceptive care; termination of pregnancy; STI diagnosis and management; HIV management; and services for relationship problems and sexual dysfunction</p> <p>5.6 Obtain specialist expertise, where necessary, through your local cytology and microbiology laboratories</p>	
<p><b>6 A holistic approach</b></p> <p>This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health.</p> <p>This means that as a GP you should:</p>	
<p><b>Women's Health</b></p> <p>6.1 Discuss the psychosocial component of women's health and the need, in some cases, to provide women patients with additional emotional and organisational support (e.g. in relation to pregnancy options, hormone replacement therapy, breast cancer and unemployment)</p> <p>6.2 Describe the health needs of gay, transgender and bisexual women (beyond sexual health) and their partners (e.g. you should understand their lifestyle and risk factors)</p> <p><b>Sexual Health</b></p> <p>6.1 Understand that sexual health problems have physical, psychological and social effects</p> <p>6.2 Understand and take into account cultural and existential factors that affect the patient's risk of having sexual health problems and also their reactions to them</p> <p>6.3 Be sensitive to the social stigma that is often associated with sexual health problems, even for some healthcare professionals</p> <p>6.4 Recognise factors associated with risky sexual behaviour including mental health problems, drug and alcohol misuse, and a history of sexual abuse</p> <p>6.5 Take into account the wider determinants of unplanned pregnancies and their impact on the individual and society</p> <p>6.6 Be aware of those whose sexual health needs may be inappropriately omitted by health professionals (those with physical or learning disabilities or the elderly)</p>	<p>Gynaecology ward, Antenatal ward, Postnatal Ward, birth Suite, Antenatal and Gynaecology clinics</p>

**Additional learning opportunities**

Specialist clinics available such as colposcopy, Urogynaecology, fertility, TOP etc.

Weekly educational meeting