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# GPSTR ST1/ST2 Specialty Guide

## OBSTETRICS & GYNAECOLOGY

### Nottingham University Hospitals



**GPSTR Doctor:**

DATE OF COMMENCEMENT	
CONSULTANT/S	
DATE OF COMPLETION	

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NOTES

## NOTES

## INTRODUCTION

Women's health problems account for more than 25% of a GP's time, so the hospitals Obstetrics & Gynaecology post is highly relevant giving an ideal mix of experience for the future GP.

## TRAINING AIMS

This guide is designed to help you identify the clinical learning opportunities within the post. The guide should be used in conjunction with the more formal RCOG Logbook that the O&G department will provide you with.

The O&G teaching staff will be able to help you define and remedy any gaps in your knowledge or experience. They will provide you with a series of clinical assessments (see below). You are responsible for making sure these take place and that they are properly documented.

The O&G team have kindly agreed to ensure that you will be able to attend the GP Training Half Day Release Teaching Sessions. On some occasions this may clash with your on-call commitments. Apart from the Wednesday afternoon GP Training sessions, you should make every effort to attend the departmental teaching sessions.

## ASSESSMENTS

### RECORDING ASSESSMENTS

All assessments should be recorded in your e-portfolio. This is your responsibility although your Clinical Supervisor and Educational Supervisor will also have to complete assessments on your e-portfolio. The e-portfolio forms a continuous record of your progress and will be submitted to the Deanery to “sign you off” at the end of your training. If you are having technical problems with the e-portfolio please contact the e-portfolio Enquiries/Help.

### WORKPLACE BASED ASSESSMENTS

A series of workplace based assessments are also needed. These are similar to the foundation post assessments you may have already done.

During your 4 month post you will need to do the following Assessments:

- ⇒ **2 x Mini-cex** (Clinical Examination exercises)
- ⇒ **2 x CBDs** (Case-based Discussions)
- ⇒ **1 x MSF** (Multi-source Feedback )  
5 Clinicians only
- ⇒ **2 DOPS** (Direct Observation of Procedures)  
The DOPS that can best be done in this post are:
  1. Vaginal Examination
  2. Cervical Cytology
  3. Breast Examination

Your consultant will also need to complete a **Clinical Supervisor's Report** which he/she will discuss with you before submitting.

## NOTES

## PRACTICAL SKILLS (Gynaecology)

Be able to perform a cervical smear	Unsure	<input type="checkbox"/>
	Satisfactory	<input type="checkbox"/>
	Confident	<input type="checkbox"/>
Be able to examine the abdomen of a patient when indicated	Unsure	<input type="checkbox"/>
	Satisfactory	<input type="checkbox"/>
	Confident	<input type="checkbox"/>

### SUMMARY

The RCOG Logbook is a more detailed “tick box” list of problems but of equal importance to learning how to deal with the clinical problems is learning how to deal with the patient.

The Obstetrics & Gynaecology Unit is an ideal environment in which to appreciate the impact of problems on the patient and her family and also the impact of treatment.

You should be able to do this in an environment where you are supervised and where exposure to the patient is long enough to see how problems unfold over a period of time.

**Remember: “The E-portfolio is King”  
You must keep a copy of all assessments as  
they will be needed in the future**

### HOSPITAL JOB ASSESSMENTS

You will be contacted by the Deanery (via your E-portfolio) to complete an on-line assessment of your hospital post. (Bristol on-line Survey) This is mandatory and is a requirement of training.

**INDUCTION AND ORIENTATION**

Identify your clinical duties and responsible. Make sure you are aware of the various guidelines and protocols for dealing with clinical problems. The department will provide the GPSTR with an Induction Booklet on commencement of the post.

Make sure you are clear who is supervising you at all times. Be sure you know how to contact them. Check that you know what documentation you need for clinical records and for discharge summaries.

Chaperone: Find out when you should be chaperoned and who to ask to do this.

On-call rota: You need to be clear about your on-call responsibilities and the process for swapping for annual leave, etc.

Understand the roles and responsibilities of other team members especially the midwife.

**FEEDBACK FROM A RECENT GPSTR**

“In GAU whilst on-call, we are expected to assess GP / A&E referrals and transfer / admit / discharge patients in consultation with the SpRs. We also clerk, and consent patients for medical/surgical management of miscarriage. The nurses manage early pregnancy problems and often ask your opinion on these.

In theatre session you are expected to assist surgery and write forms / TTOs. It is also important to know that most consultants go round their patients before the session. The time of these ward rounds varies from one consultant to another so it important to find out in advance!”

*You will also need to gain experience and competence at initiating diagnosis and management of the following list of common gynaecological problems.*

• Heavy, painful periods	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Confident <input type="checkbox"/>
• Irregular periods	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Confident <input type="checkbox"/>
• Vaginal discharge, sexually transmitted disease	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Confident <input type="checkbox"/>
• Lower abdominal pain of possible gynaecological cause	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Confident <input type="checkbox"/>
• You should be able to advise a patient on the use of the combined pill and mini pill	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Confident <input type="checkbox"/>
• Ectopic pregnancy	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Confident <input type="checkbox"/>
• Miscarriage	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Confident <input type="checkbox"/>
• Hysterectomy	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Confident <input type="checkbox"/>
• Infertility	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Confident <input type="checkbox"/>
• Endometriosis	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Confident <input type="checkbox"/>
• Urinary incontinence	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Confident <input type="checkbox"/>
• Abnormal smear	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Confident <input type="checkbox"/>
• Gynaecological malignancy	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Confident <input type="checkbox"/>
• Management (change) of ring pessary	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Confident <input type="checkbox"/>
• Problems with the menopause	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Confident <input type="checkbox"/>

## GYNAECOLOGY

### COMMUNICATION SKILLS (Gynaecology)

Be able to take a full gynaecological history. This includes a clear obstetrics history, contraceptive history, a psychosexual history and in some cases a genetic history	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
You must be able to counsel a patient about termination of pregnancy in a non-directive manner and with regard to the legal and ethical issues. Be aware of the psychological issues of the patient surrounding termination. Be clear about your own view on the termination of pregnancy this may include conscientious objection, in which case refer to a colleague who can help	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

### CLINICAL MANAGEMENT SKILLS (Gynaecology)

Be able to take a competent gynaecological history and a full examination including a speculum examination.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
As a doctor on the ward you will also be responsible for the non-gynaecological problems of your patients, e.g. diabetes or hypertension.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Processing results for in-patients and writing discharge letters is very important as you will realise in general practice. Make sure you are clear about your duties in this area.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
You will need to learn what is normal and what is abnormal in post-operative patients and be able to give advice to patients about returning to normal activity including work, intercourse, future pregnancy.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

## SKILLS

The GP Curriculum is keen to divide skills into three categories.

- ⇒ **Communication Skills**
- ⇒ **Clinical Management Skills**
- ⇒ **Practical Skills**

There is obviously considerable overlap.

## OBSTETRICS

### COMMUNICATION SKILLS (Obstetrics)

Be proficient in taking a full obstetric history. Understand and provide first line management of psychological problems relating to pregnancy. Be aware of the importance of social and emotional problems in pregnancy.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
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### CLINICAL MANAGEMENT SKILLS (Obstetrics)

Understand, identify and provide first line management for common and important ante-natal problems including growth, retardation hyperemesis, bleeding and thromboembolic disease.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Understand ante-natal investigations: their uses and their limitations and to be able to clearly explain these to parents (ultrasound CTG, blood and urine tests).	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Be able to diagnose the onset of labour both at term and pre-term and understand the principles of induction and augmentation of labour.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

## CLINICAL MANAGEMENT SKILLS (Obstetrics) *continued*

Understand the principles and methods of management of labour and to be competent at conducting a normal delivery.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Be proficient in identifying and providing first line management for complications including antepartum, haemorrhage, pre-term labour, abnormal lies, reduced foetal movements, pregnancy induced hypertension.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Recognise complications of labour, e.g. failure to progress and foetal distress	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
You should be able to carry out a routine post-natal examination.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Understand the management of a problematic third stage	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Be able to give post-natal contraceptive advice	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

## PRACTICAL SKILLS (Obstetrics)

<i>Some procedures you may be able to do, some you should be able to assist with and some merely observe.</i>		
• Forceps delivery	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
• Breech delivery	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
• Twin delivery	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
• Lower segment Caesarean Section	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
• Manual removal of placenta	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
• Evacuation of uterus	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
• Suture of an episiotomy	Unsure <input type="checkbox"/>	Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>