

Obstetrics and Gynaecology posts

GP Curriculum statements – 3.06

Women's Health

Learning Outcomes that could be delivered in Secondary care

1. Be aware of the presentation and management of breast problems, including breast pain, breast lumps, nipple discharge.
2. Demonstrate awareness and management of pre-menstrual syndrome, dysmenorrhoea, amenorrhoea, menorrhagia, inter-menstrual bleeding, irregular bleeding, postmenopausal bleeding.
3. Be able to assess and manage other common conditions such as pruritis vulvae, vaginal discharge, dysparunia, pelvic pain, endometriosis, abnormal cervical cytology (showing knowledge of colposcopy), vaginal and uterine prolapse.
4. Be aware of the management of infertility – primary and secondary - and the likely emotional impact of this on the patient and her family.
5. Be able to manage menopausal symptoms and problems, hormone replacement therapy
6. Understand the detection and management of breast and gynaecological malignancies, understand the national screening programmes relevant to women
7. Assess and know the management of urinary malfunction (dysuria, urinary incontinence), and faecal incontinence
8. Demonstrate knowledge of specialist treatments and surgical procedures including: laparoscopy, D&C, hysterectomy, oophorectomy, ovarian cystectomy, pelvic floor repair, medical and surgical termination of pregnancy, sterilisation, and the implications of these for the patient.
9. Know how to deal with normal pregnancy and a variety of pregnancy problems, including emergency situations such as bleeding in pregnancy and suspected ectopic pregnancy
10. Be familiar with legislation relevant to women's health (e.g. abortion, including for minors). Recognise the prevalence of domestic violence and question sensitively where this may be an issue. Show awareness of other agencies relevant to women's health problems.
11. Psychomotor skills - Demonstrate competence in performing a gentle and thorough pelvic examination, including digital and speculum examination; Where possible, demonstrate competence in performing a cervical smear, and changing a ring pessary

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-3-06-Womens-Health.ashx>

Top Tips

- Teaching:
 - Attend as many clinics as possible: gynae, antenatal (less useful for GPs), medical, family planning
 - Urogynae clinics with Anne Barry (nurse) are useful to practice insertion of ring pessaries and also to learn about incontinence.
 - Urogynae Clinic with consultant is very good
 - Sit in EPAU with Anne Squires
 - Diabetes in Pregnancy Clinic
 - Formal teaching sessions – currently 8am Tuesday mornings. There is also a multi-disciplinary meeting every Friday morning which focused on c-sections, helpful for CTG interpretation and discussion of interesting cases. Don't feel you need to attend all Friday meetings.
- Experience
 - Master bimanual and speculum, Pipelle – get your CEPS done
 - Sonicaid, Ring pessaries, Coil insertion
 - Termination/counselling
 - Normal pregnancy – important to see
 - Spend time in MDAU with midwife to see routine checks
 - Hospital at night (see Ortho Top Tips)
- Try to get to clinic – is not as easy as it was in the past
- Opportunity for catching up on eportfolio and audit

- Try and get a timetable of the weekly clinics so you know which ones you want to attend – the timetable is posted weekly in Lily at the Treatment Centre
- Shadow midwives, attend MDAU, rapid access clinic, cystoscopy clinic, colposcopy (smear DOPS), infertility, endocrine/pregnancy (follow a patient round)
- The Registrar takes GP referrals - but make a habit of reading GP referral letters and reflecting on these
- Try to cross cover each other so that you can attend clinics, be proactive, ask for advice from seniors
- Rapid access clinic for post menopausal bleeds is useful
- Make sure you get appropriate training for consenting patients for procedures e.g . Caesarean section – this is now done during induction.
- You have to clerk new patients when on call. Referrals as taken by the Registrar – make sure the SPR warns you so that you are prepared for patients coming in.
- Good time to revise for AKT
- In advance – liaise with colleagues to optimise clinic attendance and experience
- Think general practice!
- Resource - Hinchingsbrooke intranet based guidelines – under Women’s Services
- Skill drill course on labour ward is useful for obstetric emergencies – covered in Induction
- Helpful to have teaching on community midwifery and community management of normal pregnancy
- Peri-natal M+M meeting – joint with Paediatrics – one Friday afternoon in the month. One O&G SHO is expected to prepare and present at the meeting – find out when this happens, split the work and take in turn to present
- Gestational Diabetes Clinic is useful to attend
- When asked to consent for the EPAU medical or surgical management of miscarriages, there is a proforma in the clinic room and MSAU to follow.
- Good opportunity for Audit.
- You will probably have some time for private study in the library – consider doing DFSRH e-learning
- Second week of September each year for local DFSRH Course of Five – contact clare.goodhart@nhs.net for details
- Book Annual Leave in advance
- Allocate and SHO to take charge of the rota at the start of the rotations
- Try and attend clinics – gynaecology, fertility and continence clinics