

# Careers

Summer 2023, Issue 12



## Meet the Team

- Reminders/ Upcoming Training and Development sessions

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## Careers Today

- A spotlight on Obstetrics & Gynaecology written by Dr Liz Haslett, Dr Alison Martin, Dr Laura Horne and Dr Parynaaz Fardoom

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## The Team

**Dr Fiona Clarke Associate Dean, Shah Rahman (Senior Careers Adviser)**

## Reminders

F1 trainees: Remember it's that time of year to put the plan into implementation, review career development plans, check events calendar and share information, session on managing e-portfolio and share information on taster days.

F2 trainees should be preparing to step up to speciality programmes or preparing for FY3

## Upcoming Training and Development Sessions

- We have a jam-packed agenda for the year ahead with a variety of sessions covering multiple areas of career management.

Date	Session	Face to Face/Online	Target Audience
28/06/23	Holistic Careers Fully Booked	Face to Face	ES, TPD's, Career Leads, Specialist Trainees
05/07/23	Transition to consultancy Fully booked	Online	Specialty Trainees
20/07/23	MBTI Step 1 Places available	Face to Face	ES, TPD's, Career Leads
10/08/23	Negotiations and Stakeholder management	Face to Face to Face	ES, TPD's, Career Leads, Specialist Trainees

	Places available		
07/09/23	NLP (Communication and Rapport)  Places available	Face to Face	ES, TPD's, Career Leads
05/10/23	Negotiations, Assertiveness and Networking	Face to Face	Specialty Trainees
02/11/23	Self-Awareness Masterclass	Face to Face	ES, TPD's, Career Leads
30/11/23	Transition to consultancy	Online	Specialty Trainees

Information and details of how to book on to the events organised by the HEE NW Careers Team can be found at: [https://www.nwpgmd.nhs.uk/careers\\_advice/career\\_events\\_and\\_workshops](https://www.nwpgmd.nhs.uk/careers_advice/career_events_and_workshops)

## Obstetrics and Gynaecology under the Spotlight

### Bio of Dr Haslett

*"I was brought up on the Fylde Coast and qualified in 1992 from Manchester University. I trained in the North West, Mersey and East Anglia regions and spent 18 months as a Senior Registrar in Melbourne, Australia. I completed CCST (as CCT was know then ) in 2003 and was appointed a consultant at Hinchingsbrooke hospital, Huntingdon in 2004 moving to Blackpool Teaching Hospitals in 2007. I was RCOG tutor from 2007-13 and Training Programme for ST3-5 from 2013-19. I've been Head of School for 3+years. I did a medical senior house officer post in 1993 and enjoy maternal medicine. I work as a general OBGYN consultant with an interest in maternal medicine and medical education. I have a weekly maternal medicine antenatal clinic and have completed a Masters in Medical Education.*



*I was helped by trainees putting this together and wish to thank Alison Martin ST4, Parynaaz Fardoom ST3 and Laura Horne ST3 for their help with this."*

## Obstetrics and Gynaecology under the Spotlight

### What are the various components of the clinical training?

*"Obstetrics and Gynaecology training is heavily focused on work-place based assessments because it is a very practical speciality which requires development of plenty of surgical and clinical skills alongside developing the ability to work effectively within a multidisciplinary team in a high-pressure environment. The Royal College of Obstetricians and Gynaecologists online training e-portfolio will guide you through the 7 years of training which has various competencies to be fulfilled along the way. There are 3 examinations which will award membership to the Royal College of Obstetricians and Gynaecologists."*



### What are the usual clinical rotations like in the first couple of years?

*"We all have values some of which others don't fully understand and we can struggle to relate to. Obstetrics & Gynaecology is currently run-through, so you are appointed to a 7-year training programme. This is likely to change in the next 5 years. You will remain at the same hospital in the same clinical area for each training year, then rotate to a different hospital the following year. Trainees stay at the same hospital for ST2 and ST3 to allow for a smoother transition to registrar. At ST1 you will be working at the level of a first on call so will be reporting to a*

*registrar/consultant while on call and in clinic, will usually be 2nd assistant in Gynaecology theatre, and will have plenty of opportunities to develop your obstetric surgical skills with a supervisor present on delivery suite. At ST2 you still work at the level of a first on call however you will start to be given more responsibilities in line with your training to "step up" to the level of a registrar at ST3. These skills are more focussed on obstetrics so that you build your confidence in managing labour ward."*

### What is the usual profile of patients seen?

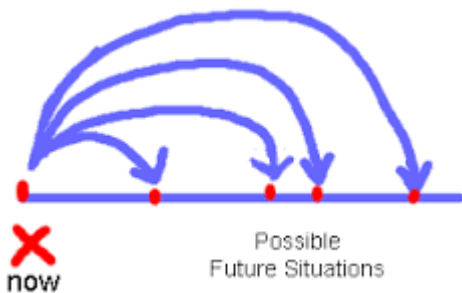
*"O&G trainees will treat people from all sociodemographic and ethnic backgrounds with a wide spectrum of comorbidities. Thankfully the majority of obstetric patients are healthy females who are usually within their reproductive years, however, there is increasing medical and social complexity of patients presenting antenatally, intrapartum and*



postnatally. Gynaecology patients are of all ages and present with a diversity of problems ranging from congenital abnormalities and fertility problems to dysfunctional uterine bleeding, gynaecological malignancies and urinary incontinence.”

## How will the level of responsibility be likely to change in the future?

“The level of responsibility is unlikely to change. Consultants in the large teaching hospitals tend to be on call for either Obstetrics or Gynaecology whilst in district general hospitals a consultant generally covers both Obstetrics and Gynaecology. Many units, particularly the larger ones, have a resident consultant presence either for 24/7 or for a significant proportion of each 24-hour period.”



## What is the proportion of fixed clinical sessions and on call duties?

“There will be slight variations from hospital to hospital but as a trainee usually the ratio of weekends & nights is 1:7-8. You will also find that you are on call on a long day once a week. As a consultant it depends where you work, whether you are resident and whether or not you do both Obstetrics and Gynaecology but consultant job plans are made up of direct clinical care sessions (clinics, theatre lists, day time on call), supporting professional activities (mandatory training, audit, clinical governance, appraisal) and other responsibilities (Educational Supervisor, College tutor, Governance lead, Risk lead, Clinical Director etc)”



## What is the opportunity for study and study leave?



“As a trainee the study leave allowance is 30 days maximum/year and you will need to request approval from your educational supervisor and rota coordinator a minimum of 6 weeks in advance. Approval is based on whether the course/event meets your educational requirements and/or personal development goals, and of course whether the rota permits it. There are regional teaching days organised generally every other month for ST1-2, ST3-5 and ST6-7 groups.”

## What is the nature of the supervision?

“Every trainee is allocated an educational supervisor for each year of training. This will be a consultant at your current placement, who is responsible for the overall supervision and management of your education progress. They can help with educational and clinical needs, portfolio and provide pastoral support where required.



There is also excellent clinical supervision and support on day-to-day basis from the team you are working with. The level of supervision will vary throughout training. Trainees are initially closely supervised, and this will be reduced as competence and confidence builds.”



## How is the team structured in this specialty?

“The team of Obstetric and Gynaecology doctors is made up of Consultants, Speciality Trainees (ST1-7), GP Trainees and Foundation Year Doctors. The exact breakdown will vary by hospital, but generally 1st on call includes FYs, GPSTs and ST1-2 Trainees. The second on call tier is ST3-7 speciality trainees and Speciality doctors. The team also includes nurses, midwives, health care assistances, anaesthetists and

paediatricians – all of whom you will interact with closely throughout training.”

## Personal Qualities

### What type of people does the specialty attract?

“O&G attracts doctors who are enthusiastic to make a positive impact upon people’s lives and who take a holistic approach to the care of their patients. O&G trainees are often very dedicated and passionate about promoting women’s health. O&G trainees often have good manual dexterity and enjoy undertaking practical procedures.”



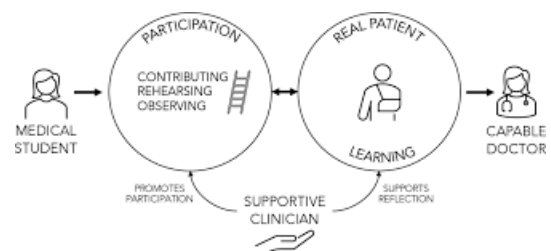
### Do you think there are any particular qualities which distinguish those who progress in this field from those who do not?

“To thrive in obstetrics and gynaecology you need to have the ability to work well under pressure and emotional resilience. Teamworking and communication skills are essential to manage a wide range of relationships with colleagues, patients and families.”

## Educational and Clinical Experience that may be useful!

### Are there any particular things one could do which will maximise my chances of entering this area?

“The ST1 person specification is a useful document which gives an overview of what constitutes desirable criteria. Additional qualifications or exams such as a BSc, Msc, PhD, MRCOG part 1, etc as well as



presentations at national or international congresses/meetings, prizes and publications are helpful, particularly if relating to O&G as they demonstrate interest and academic achievement. However, the most important thing is to be prepared when it comes to the interview. There is a clinical prioritisation station where you are expected to prioritise and manage patients with rationales behind your decisions, and a structured interview station where you will be asked questions pertaining to your experiences of teaching, research, audit/quality improvement, leadership, teamworking, your commitment to specialty, and your experiences outside of medicine. Preparation for these questions is key!"

## Are there any specific rotations in the foundation programme or work tasters that one should consider?

"O&G placements will always be helpful but general practice and general surgical rotations will allow exposure to the speciality also. Experience in neonates can also be helpful as it gives you a different perspective of obstetric practice and can be helpful in counselling women in labour/postnatally."

## Entry and Competitiveness

### In what settings will there be openings when training is complete?

"The vast majority of trainees take up a position as an NHS consultant. Those more academically inclined who have completed an Academic Clinical Lecturer post are likely to have an academic component to their career. A small number of trainees choose to take up a consultant post overseas eg in the Middle East, Australia or New Zealand."



### Which professional journals and organizations would you recommend that would help me learn more about this field?

RCOG website [www.rcog.org.uk](http://www.rcog.org.uk)

Greentop Guidelines

The Obstetrician and Gynaecologist (TOG)-quarterly journal published by RCOG

## Training and Future of the Specialty

### What is the potential for further training e.g. requirements for subspecialty training?

"In the last years of training, O&G trainees undertake either subspeciality training or advanced training skills modules (ATSMs – these are due to change to advanced training modules ATMs in the near future). The subspeciality training programme is minimum 3 years training programme made up of clinical training and 12 months dedicated research. If you have undertaken research prior to subspeciality training, this may be taken into account. The available subspeciality programmes are Gynaecology Oncology, Maternal and fetal medicine, Reproductive Medicine and Urogynaecology. To apply for subspeciality training you need to hold a UK training number

(or equivalent), have completed clinical training to ST5 level, have passed MRCOG Part 3 and achieved outcome 1 in your most recent ARCP. There are specific requirements for each individual subspecialty training programme, such as transabdominal ultrasounds scan of normal fetal anatomy prior to undertaking subspecialty training in maternal and fetal medicine. The full list of these can be found of the RCOG website.”

## What are the research opportunities?

“There are plenty of research opportunities particularly within the subspecialties eg. gynae oncology, maternal & fetal medicine, reproductive medicine and urogynaecology, and you will be expected to complete an MD/PhD alongside your subspecialty training. There are also opportunities to do clinical research fellow (CRF) jobs, but this would count as time out of program (OOP) and would require formal approval by the deanery. Trainees are encouraged to do undertake a CRF after having completed MRCOG part 3 however some trainees undertake this at an earlier stage in the training. There are also plenty of research opportunities within each hospital, as there are dedicated research midwives who you could approach for support in helping out with a trial. If you are interested in research, the Introduction to Good Clinical Practise e-learning module is a good place to start.”

## What trends might you predict for this specialty?

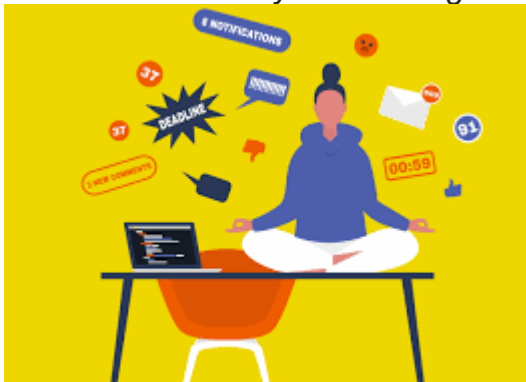
“I expect in the future there might be more of a dichotomy between the specialities of obstetrics and gynaecology encouraging trainees to develop a ‘preference’.”

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## Effects on Lifestyle

### What obligation does your work put on you outside the work week?

“There are times during training where you will be required to do work in excess of the work week. During training you need to sit and pass the MRCOG Part 1, 2 & 3 Examinations. Although you have access to study leave, you will still be required to study in your own time. Similarly for audit, research and teaching opportunities you will likely be expected to carry out some of this in your own time. You may be allocated time for audit and admin but will vary depending on your unit’s clinical activity and staffing levels.”



### How much flexibility do you have in terms of work hours, study, holidays etc.?

“The rota pattern is set in advance, and you are allocated a track prior to starting at your unit. Annual and study leave are granted as long as the request is made with at least 6 weeks' notice and there are no clashes on the rota. There is a rule regarding the maximum number of trainees who can be off at the same time (this number will depend on your unit) - if this number has already been reached,

you will not be granted leave unless in exceptional circumstances which need to be agreed with the rota master and your educational supervisor. In terms of swapping on call shifts/nights, this will depend on the availability and goodwill of your team members! Every effort will be made to accommodate your needs however safe staffing levels will be prioritised.”



## Contact

If you would like to see your specialty under the spotlight, please get in touch as it would be great to share deeper insights with junior doctors considering specialty options. We hope you have found this useful. We are happy for you to contact us via email if you have any queries or if you want to suggest topics you would like us to cover in future issues.

[Shah.rahman@hee.nhs.uk](mailto:Shah.rahman@hee.nhs.uk)