Blackpool Teaching Hospitals NHS Foundation Trust GP Specialty Training Programme

GP Curriculum

As this forms part of a GP Specialty Training Programme it is important that GPStRs work towards the learning objectives of the RCGP GP Curriculum throughout the post.

N	lain sections covered	3.06 Women's Health

Learning Needs

To help identify learning needs in relation to the GP Curriculum the GPStR should refer to the RCGP curriculum in order to identify key learning areas.

This should be completed before the initial meeting of the GPStR with their Clinical Supervisor. It can then be used to help identify areas that require development. In this meeting an educational plan for the post can be drawn up that identifies how these learning needs can be addressed and how and when they will be assessed.

Please note that it may not be possible to cover all of the GP Curriculum learning objectives within this post. The GP Educational Supervisor will be able to assist the GPStR in identifying ways to cover these potential gaps as part of the overall GP Specialty Programme.

Assessments and Reviews

During this 6 month post it is the responsibility of the GPStR to arrange the following with their Clinical Supervisor:

- An initial induction meeting reviewing the learning objectives and producing an educational plan (within the first 3 weeks of the post)
- 3 CBD assessments
- 3 mini-CEX assessments
- CEP assessments
- An end of post meeting to discuss your progress and entering the Clinical Supervisor's Report on the e-Portfolio

Please note that this is the minimum requirement for assessments and your Clinical Supervisor may feel that more are required in order for you to meet the required competency areas.

Study Leave

Please refer to the HENW website for guidance on study leave.

Any study leave must be congruent with learning outcomes of the GP Curriculum and approved by the GP Educational Supervisor and applied for using the approved deanery forms. All Study leave has to be approved in advance and no retrospective study leave can be granted. The GP ST trainees are expected to attend the structured teaching programme on Wednesday afternoon.

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GP Specialty Training Programme: Learning Objectives & Assessment in O&G

What the GPStR can learn		Assessment Modality		
	CbD	Mini-CEX	DOPS	
Knowledge of Management of Emergencies:				
1. Ectopic	✓			
2. Miscarriage	✓	\checkmark		
3. Eclampsia	✓			
4. Bleeding – APH (inc Abruption), PPH	√			
5. Ovarian Cyst	✓			
GYNAECOLOGY COMPONENT Knowledge of Management of Common Gynaecological Presentations:				
Gynaecology Clinic 1. Menstrual Problems – PMB/IMB/PCB, Dysmenorrhoea, Menorrhagia	\checkmark	\checkmark		
2. PV Discharge inc PID	\checkmark	\checkmark		
3. Ovarian Problems – Cysts, PCOS	✓	\checkmark		
4. PMT	\checkmark	\checkmark		
5. Continence, Prolapses	\checkmark	\checkmark		
6. Pelvic Pain inc Endometriosis	\checkmark	\checkmark		
7. Vulval Disease	\checkmark			
8. Sterilisation	\checkmark			
9. Gynaecological Malignancy	\checkmark			
10. Infertility	\checkmark	\checkmark		
Social Gynaecology Awareness of what involved and options available	\checkmark			
Awareness medico-legal and ethical issues, including Female Genital Mutilation	\checkmark			
Colposcopy Clinic What services offer and what patient can expect there				
Specialised Clinics Menopause and HRT	✓			
Continence Service	\checkmark			

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Others as available locally – CAB (Clinic for Abnormal Bleeding), Vulval (may be joint with	\checkmark		
dermatology), Infertility	•		
	CbD	Mini-CEX	DOPS
Sexual Health Clinic (Overlap with Men's Health) Contact Tracing – Importance/How to Do or Access	\checkmark		
HIV Pre-Test Counselling	\checkmark	\checkmark	
Psychosexual Counselling – What available and simple strategies	\checkmark		
Treatment of common sexually transmitted infections (e.g. chlamydia)			
Family Planning Clinic	,		
What services offer	\checkmark		
Variety of contraceptive options available – risks and benefits of each, appropriate selection for the individual	\checkmark	\checkmark	
OBSTETRICS COMPONENT Specific Knowledge:			
1. Preconceptual Counselling including high risk cases eg Diabetic Mother	\checkmark	\checkmark	
2. Normal Pregnancy and how identify those 'at risk' who need higher level of monitoring	\checkmark		
3. Pregnancy Problems – Experience in Labour Ward, Antenatal Clinic and Day Care			
→ High Risk Cases – Medical (DM, Cardiac, Epilepsy), Addiction Problems	v		
→ Clinical Problems – Bleeding Late in Pregnancy, Abdominal Pain in Pregnancy, Pre-eclampsia and Eclampsia	\checkmark		
 Post Natal Care – Awareness and Management of Potential Problems including infection and bleeding 	\checkmark		
Specific Skills: 1. Gynaecology and Menstrual History		\checkmark	
2. Obstetric History		· · · · · · · · · · · · · · · · · · ·	
3. Sexual History		\checkmark	
4. Speculum, Smear and Triple Swabs. PV			\checkmark
5. HIV Pre-Test Counselling		\checkmark	
6. Female genital tract examination, breast examination			\checkmark

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Appreciation of Roles of Others 1. Midwife	\checkmark		
2. Incontinence service – specialist nurse, physiotherapy	\checkmark		
How the GPStR can learn			
LEARNING OPPORTUNITIES IN HOSPITAL SETTING			
1. Early Pregnancy Assessment Service			
2. Seeing Emergency Referrals and Admissions – On Call Duties			
3. Following patient journey from admission to discharge – involved in ward rounds			

- 4. Labour Ward
- 5. Day Care
- 6. Outpatient Clinics General Gynaecology, Colposcopy
- 7. **Specialised Clinics and Services** eg, Specialised clinics eg Menopause, Social Gynaecology, CAB, Vulval (may be joint with Dermatology), Infertility, Sexual Health Clinic
- 8. **Theatre experience –** It is anticipated that theatre experience would be minimal, enabling the trainee to understand and explain what involved in common Gynaecological or Obstetric Operations only eg LUSCS, Hysterectomy
- 9. Formal Teaching Sessions



GP Specialty Training Programme



Educational Plan	From:	То:
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GPStR:	email:
Clinical Supervisor:	email:
Educational Supervisor:	email:

Learning Needs Identified:

How will these be addressed?

Assessment Planner			
Assessment	Focus of assessment	When?	
CbD 1			
CbD 2			
CbD 3			
Mini-CEX 1			
Mini-CEX 2			
Mini-CEX 3			
CEPS			
CEPS			
Additional			

Signed & agreed:

GPStR:	Date:
Clinical	Date:
Supervisor:	