

JOB DESCRIPTION

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

POST: F2

BASE: SCUNTHORPE GENERAL HOSPITAL

1. Introduction

Scunthorpe and Goole Hospitals NHS Trust and the North East Lincolnshire NHS Trust merged to form a single acute Trust from 1 April 2001. With a budget of c£130 million and around 4,000 staff, we are now looking to appoint this post based at Scunthorpe General Hospital.

The department provides a full general obstetrics and gynaecology service with approximately 1900 deliveries per annum. Scunthorpe is in the forefront of developments in team midwifery and midwifery lead care. Consultant special interests include:

Fetal Medicine and High Risk Pregnancy
Colposcopy
Endoscopic Gynaecology Surgery

Infertility referrals are absorbed within the general gynaecology out-patients clinic.

Staffing:

| | |
|------------|-----------------|
| Consultant | Mr L Roberts |
| | Mr O Odukoya |
| | Mr K Young |
| | Mrs S Sabharwal |
| | Mrs Batra |
| | Mr J Daniels |

| | | |
|-------------|---|---|
| Staff Grade | x | 3 |
| ST 6 | x | 2 |
| ST 4 | x | 2 |
| FTSTA 2 | x | 1 |
| ST 1 | x | 2 |
| FTSTA 1 | x | 1 |
| GP VTS | x | 1 |
| F2 | x | 2 |
| F1 | x | 2 |

Beds: 70 (plus labour ward)

The work of the department is as follows:

| GYNAECOLOGY | OBSTETRICS |
|----------------------------------|------------------------------------|
| Daily Theatre List | Ante-Natal/Post-Natal Clinics |
| 6 Out-Patient sessions per week | 4 sessions weekly |
| Colposcopy Clinic, Wed and Frid | Daily ward round |
| 8 Consultant ward rounds, weekly | Care of Ante-Natal, Labouring and |
| Consultations in Casualty, when | Post Natal Patients |
| Needed | Emergency admissions to the |
| Acute Admissions - Routine List | Consultant unit |
| Admissions | Day Assessment Unit |
| Post-Operative care of patients | Twice weekly Consultant ultrasound |
| Early Pregnancy Unit - Mon-Sat | clinic |
| Daily Registrar rounds | 4 Consultant labour ward sessions |
| | per week |
| | 8 Consultant rounds per week |

2. Duties of the Post

The programme of work is basically care of patients on the wards plus, where possible:

| | |
|--------------|---------------------------|
| Monday am | Gynaecology Clinic |
| Tuesday am | Theatre/Ante-Natal Clinic |
| Wednesday am | Theatre/Colposcopy |
| Thursday am | Theatre/Ante-Natal Clinic |
| Friday am | Theatre/Colposcopy |
| | |
| Monday pm | Theatre/Ultrasound |
| Tuesday pm | Gynaecology Clinic |
| Wednesday pm | Ante-Natal Clinic |
| Thursday pm | Ultrasound |
| Friday pm | Structured Training |

3. Unforeseen Duties

In exceptional circumstances, eg colleagues' sickness, postholders may be required to undertake duties more frequently than anticipated, but in such circumstances every effort will be made to contract locums. If it is necessary to cover colleagues' duties, internal locum rates will be paid. It has been agreed between the professions and the department that while juniors accept that they will perform such duties, the Secretary of State stresses that additional commitments arising under this subsection are exceptional and, in particular, that juniors should not be required to undertake work of this kind for prolonged periods or on a regular basis.

Wards

Ward 28 (Gynaecology)
 Ward 26 (Maternity)
 Labour Ward

4. Discharge Summaries

The postholder will be trained in the techniques of composing discharge summaries which should be completed and sent promptly to the General Practitioners. Specific arrangements for these summaries vary with each Consultant.

5. Policies/Protocols

Postholders are expected to acquaint themselves with relevant admission policies which may be changed from time to time and with protocols displayed in the wards.

6. Cardiac Arrest

All doctors are expected to familiarise themselves with the cardiac arrest protocol, which can be obtained from the medical secretaries.

7. Audit

All doctors in training are required to attend the departmental audit sessions and become involved in this process.

8. Hours Monitoring and the New Deal

All doctors in training will be required to monitor their hours of work and rest during a set period at least once during a six month period of employment.

9. Visiting Specialists

Scunthorpe General Hospital is a typical District General Hospital serving a population of approximately 200,000. The following specialities are not available on site - Neurosurgery - contracts with Hull, Cardiothoracic Surgery - contracts with Hull, Neurology - contracts with Hull, Nephrology and Dialysis - contracts with Hull, Radiotherapy - contracts with Lincoln.

Visiting Consultants conduct clinics in Scunthorpe in Cardiothoracic Surgery, Neurology, Nephrology and Radiotherapy. CT scanning is available at Scunthorpe General Hospital.

10. Development and Education Centre

At Scunthorpe General Hospital a new multi functional Development and Education Centre opened in February 1996. This Centre incorporates the Postgraduate Medical Education Centre which has extensive library facilities and is equipped with Medline, Internet facilities and the Index Medicus. There are satellite library facilities at Goole and District Hospital. Teleconferencing facilities are also available.

The Centre supports the continuing medical education programme and a wide range of professional educational activities for all staff groups. It provides an educational and administrative base for students of the University of Hull's School of Health. It also brings together the Training and Development Department, Postgraduate Medical Education and the Health Care Library to provide a multi-functional learning environment.

The department have a regular weekly Medical Education Programme in addition to teaching on the wards, in theatre and in clinic. There is a weekly, rolling labour-ward intervention audit meeting and a dedicated Friday afternoon education session. This is in two parts; junior doctors training and DRCOG tutorials and topic presentations - Consultant led.

Educational Objectives

- To build upon undergraduate education
- To gain experience and familiarity in dealing with a wide variety of medical conditions
- To develop the skills of history taking, physical examination, appropriate investigation and rational prescribing
- To master several basic medical techniques
- To improve communication skills with patients, relatives and colleagues
- To develop skills in managing time and conflicting priorities.

Each Foundation Year 2 Trainee will have a nominated Educational Supervisor, with whom they should meet formally at the commencement of each 4-month rotation, again at 2 months and at the end of the post, using the F2 Training Portfolio as a basis for discussion.

Induction

An induction programme is arranged for new starters at the beginning of August during which they have no other duties and attendance is mandatory. Departmental Inductions will take place at the beginning of each 4-month rotation.

Generic Skills Training

All F2s are required to attend the Generic Skills Training Programme, which is run in conjunction with other Trusts in the North Yorkshire East Coast Foundation School. You may be required to travel to other hospitals for this training.

Director of PGME and Clinical Tutor - Mr Segun Odukoya
Foundation Programme Director - Mr Laurence Coombs

11. Terms and Conditions

Your pay and terms and conditions of these posts are determined by the Medical and Dental Whitley Council as follows:

a) Pay and Allowances

This post is currently paid on the F2 payscale.

b) Rota/Hours

A full shift rota is in operation and includes prospective cover for annual leave, lieu days and study leave.

c) Annual Leave

In order that leave can be co-ordinated in a way which is fair to all, close co-operation is necessary between colleagues. Thus, it is necessary to meet on a regular basis to co-ordinate annual/study leave arrangements. Should annual leave not be booked within the first month of the appointment, the leave may be planned by the Consultant.

The annual leave entitlement is 5 weeks per annum.

There is no facility for carry-over or 'paying up' at the end of the 4 month placement.

INFORMATION ABOUT THE HOSPITALS

Scunthorpe General Hospital

Scunthorpe General Hospital has over the past 20 years seen a series of hospital capital developments, some of which are still going on. Developments started in 1976 with the construction of four new wards to care for both the children and the elderly. In 1985 a modern psychiatric block was added when patients with mental illness were admitted to Scunthorpe General Hospital for the first time (this unit is under the management of the Scunthorpe Community Services NHS Trust). A multi-storey service centre and a new Microbiology Laboratory were built in 1986. In 1989 a new Accident and Emergency Department came into use, along with a new Mortuary and new Out-Patients Department.

1992 saw the completion of the new four storey ward block and five theatre complex which has brought a key transformation to a comprehensive modern 521 bedded, all in one site, District General Hospital. More recent developments have included a new hydrotherapy pool, extension to the Pathology Laboratory, a new Endoscopy Suite, CT Scanner and fracture clinic facilities. A purpose built Radiology Department opened in 1997, incorporating a leading edge digital imaging service.

Scunthorpe General Hospital has its own purpose built 11 bedded private facility which provides the most up-to-date clinical facilities combined with comfortable and attractive patient accommodation.

Goole and District Hospital

Goole's purpose built community-plus hospital opened in 1988, bringing together services from a number of scattered sites in and around the town. Facilities include beds for General Medicine, Surgery, Orthopaedics and Medicine for the Elderly (82 beds). There is also a Theatre, Out-Patient Department and a Minor Injuries Unit. Internationally renowned specialist laser treatment is provided at Goole in collaboration with the Yorkshire Laser Centre

The Trust employs approximately 2000 staff, of which around 60% work part-time. It's income of around £60 million derives mainly from South Humber Health Authority (63% in 1998/99), East Riding Health Authority (14% in 1998/99) and from GP Fundholders (19% in 1998/99), the remaining 4% coming from the smaller Health Authorities/ECRs.

The Local Area

The North Lincolnshire district is a mixed industrial and rural community. Scunthorpe is a busy industrial town with a population of 60,000. The redeveloped town centre and extensive parklands and woodlands offer a pleasant living and working environment. Goole has an urban population of 45,000. Brigg and Barton are small market towns concerned with light industries and agriculture. The remaining population is in a mainly farming rural area.

Scunthorpe and Goole are directly linked by motorway, the M18/M180. The same system provides direct access to the rest of the motorway system including the A1, M1 and M62. Consequently, Sheffield, Doncaster, Leeds, York and Hull are all less than an hour's drive, as is Lincoln on the A15. Rail services connect via Doncaster with the main intercity service to London.

The Humber Bridge, which is the longest single span suspension bridge in Europe, now makes Scunthorpe 25 miles from the city of Hull. Humberside Airport is situated within the district and is of increasing importance with regular scheduled national and European flights. The port of Hull has car ferry services to the continent.

Lincolnshire and the East Midlands have amongst the lowest housing costs in England and the district provides a wide choice of residential areas. Educational facilities for children both in Scunthorpe, Goole and the surrounding area of Lincolnshire, are of a high standard.

There is a wealth of cultural and sporting activities in the district suitable for most needs. This includes a marina at South Ferriby for sailing in the Humber Estuary, and four golf clubs. There are modern leisure centres in Brigg, Scunthorpe, Goole and Barton.

Visit our website: www.nlg.nhs.uk