A Career as a 'Community Gynaecologist'

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Hong Kong J Gynaecol Obstet Midwifery 2009; 9:63-8

Keywords: Education, medical, graduate; Great Britain; Maternal health services

The History

Why am I writing this article? Well firstly it is because I was the first accredited 'community gynaecologist' in the UK, but, more importantly, it is because I love my job and wish to encourage others to follow in my footsteps. I work with a large cross-section of society from the young to the old, those with medical and sexual ill health, psychological problems, many from different ethnic backgrounds who have difficulties accessing health services.

In the early 1990s, with soaring sexually transmitted infection and teenage pregnancy rates in the UK, the Royal College of Obstetricians and Gynaecologists (RCOG) designed a pilot training programme for those interested in becoming consultants in 'community gynaecology'. There was an urgent need to increase the medical workforce in this area so that appropriately trained medical staff could help shape and deliver services, train undergraduates, postgraduates, nurses and doctors along with non-clinical staff to work closely as a team in the community.

Following two years as an obstetrics and gynaecology (O&G) registrar, successful candidates holding the MRCOG entered the three-year training programme. We had no logbooks but our brief syllabus covered most aspects of medical gynaecology including fertility, contraception plus fertility control, menopause, research, public health issues and management experience. One of my mentors — a surgeon at heart — described it as the 'dustbin' area of our field. I felt this was very harsh because to my mind these were subjects poorly handled by many of my O&G colleagues and service delivery needed to change if we were to improve sexual health. A new definition of sexual health was also required to put the focus on the positive aspects of sexuality rather than on sexual ill health. This is the current definition now used in most UK documents — 'sexual health is the enjoyment of sexual activity of one's choice, without causing or suffering physical or mental harm'[1].

The Subspecialty Training Programme

It has been really exciting to be part of the birth of a new specialty. In 1995 the National Association of Family Planning Doctors (NAFPD) became the Faculty of Family Planning and Reproductive Health Care (FFPRHC) of the RCOG. Through the late 1990s the subspecialty syllabus developed into a logbook. The Faculty came of age by introducing a more formal assessment for those interested in this work — the Faculty membership examination.

The joint training programme run by the Faculty and RCOG commences after three years in a recognised O&G registrar training programme with trainees now being called subspecialty registrars in sexual and reproductive health. This name change (along with the Faculty being called the Faculty of

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Sexual and Reproductive Healthcare — FSRH) seemed very appropriate with the service redesign encouraging integration of genitourinary medicine and contraception centres. We also saw men, too, therefore being called a 'community gynaecologist' seemed outdated and completely inappropriate. Future subspecialty trainees need to have completed the core logbook requirements for O&G and to hold the MRCOG. The first part of the Faculty membership examination is undertaken in the first year of subspecialty training and the casebook / dissertation must be completed before the second part of the examination is sat — usually in the third year of subspecialty training.

Career-grade Training

In the middle 1990s, there were still some ongoing training issues, particularly for those who had not undertaken formal O&G instruction. Career-grade training was felt to be an option. This allowed those working in contraception and sexual health to have a more structured three-year programme, to sit the Faculty membership examination and then be able to apply for lead clinician roles in contraception and sexual health services. However, they could not apply for consultant posts. This did feel like a two-tiered system, however, with two very similar training programmes going along side by side. I have always encouraged doctors interested in this field to undertake the consultant training programme.

So What Subjects are Covered by the Subspecialty Training Programme?

Although there is some emphasis on gaining the necessary clinical knowledge and skills within the programme, those wishing to lead reproductive health services also need to be good managers and have an awareness of public health issues locally and nationally. These subjects are given separate sections within the subspecialty logbook with the logbook now being competency-based. Being able to set up a research project and having the ability to publish papers is also considered important, therefore trainees are required to spend the equivalent of one year undertaking appropriate research and publishing two first-author papers in a peer-reviewed journal (not case reports). A full description of the syllabus is given in Table 1[2].

Tables 2-6 give additional information concerning the content of the subspecialty Learning Guides[2].

Training for General Practitioners

Approximately 70% of UK women choose to see their family doctor (general practitioner) for contraceptive advice. Such health professionals have to be a 'jack of all trades' receiving appropriate training to support effective and safe provision of sexual and reproductive health care. The NAFPD have developed training programmes (certificate and advanced certificate in family planning) and these have been further expanded by the FSRH. Interested doctors can now undertake a theory course that covers the theoretical aspects of contraception and sexual health. This course is soon to become web-based. After completion of the course, practical contraceptive and genitourinary medicine sessions are arranged (normally 8-10 sessions) until trainees have completed their competency-based logbook under the direct supervision of a recognised 'Faculty Instructing Doctor'. Once training is complete, a Diploma of the Faculty of Sexual and Reproductive Healthcare is awarded[3].

Those wishing to provide intrauterine contraception and contraceptive implants undertake further theoretical and practical training until they are competent to counsel, fit and remove intrauterine contraceptives / implants, recognise common problems and know how to manage these, along with developing referral pathways for those who require specialist help. A Letter of Competence in Intrauterine Techniques and Subdermal Contraceptive Implant Techniques is then awarded. Finally, doctors who wish to supervise trainees and act as instructing doctors undertake a theoretical and practical training enabling them to obtain the Letter of Competence in Medical Education. Further information is available on the Faculty's web site (www.ffprhc.org.uk).

Training for Non-UK–based Doctors

In the rest of the world, office gynaecologists perform much of the work that UK consultants in sexual and reproductive health undertake. Several countries are developing training programmes using the UK experience as a template and this is to be encouraged. With the growing interest in web-based education, theoretical components can be delivered online. A serious shortage seems to be the necessary support for

Table 1. Knowledge and skills required for subspecialty training in sexual and reproductive health

Training and development will require the acquisition of knowledge, attitudes and clinical competencies in the following core areas and related specialties with a view to service leadership.

- Contraception and proposed new methods and ideas
- Unwanted/unplanned pregnancy
- Genitourinary medicine
- Legal and forensic gynaecology
- Special needs groups/socially excluded:
  - Young people's advisory service
  - Physical disability
  - Ethnic minority groups
  - Refugees and asylum seekers
  - Couples in same sex relationships
  - Commercial sex workers
  - Mental health problems, e.g. anorexia nervosa
- Psychosexual medicine and counselling in sexual dysfunction
- Medical gynaecology:
  - Menopause care
  - Gynaecological endocrinology
  - Subfertility
  - Preconceptual care
  - Menstrual dysfunction
  - Early pregnancy complications and miscarriage
  - PMS
  - Urogenital and pelvic organ prolapse and urinary and faecal incontinence management
- Screening systems for men and women
- Imaging
- Relevant general and gynaecological surgery:
  - Male and female sterilisation
  - Early pregnancy termination
  - Implant techniques
  - Surgical management of menorrhagia
- Teaching and training
- Clinical governance
- Business management
- Research in sexual and reproductive health
- Health promotion and health education in relation to sexuality
- Health needs assessment, epidemiology

Table 2. Theoretical aspects

1. A thorough understanding of sexual and reproductive health care
2. Advanced theoretical knowledge of contraception
3. Well informed about the provision and organisation of services for reproductive health care, nationally and locally
4. Knowledge, and experience, of managing a clinical service including budget management, team building, communication, media relations, delegation, time and stress management, employment procedures, formulation of job descriptions, appraisal procedures and the setting of targets and indicators of progress
5. A general understanding of the structure and organisation of the NHS.
6. Knowledge of the National Strategies for Sexual Health, HIV and Teenage Pregnancy

sexual health training programmes adapted locally by regional universities and local gynaecologists who work in community settings. Perhaps by 'spreading the word' and motivating governments, ministries of health and the medical profession to tackle sexual and reproductive health issues effectively, we may achieve delivery of the appropriate clinical training needed in this area.

Workforce for Tomorrow

Over the last year there has been some very positive news from the Department of Health and the Postgraduate Medical Education and Training Board in the UK. They have finally made a decision about training medical staff that are 'fit for purpose' and declared that they want a separate 'specialty' in sexual and reproductive health. Although the details of the training programme are still under discussion, this recognition is all-important in the continuing battle to improve the nation's sexual health.

Table 3. Clinical expertise

Subspecialty training will build on the competencies acquired in core O&G training to enable the trainee to lead services in the community:
1.1 Provide and deliver all methods of contraception including male and female sterilisation
1.2 Manage unplanned/unwanted pregnancy service including estimating gestational age, counselling of women seeking abortion and post termination care. Be clinically competent in performing pregnancy termination, including use of medical and surgical methods, recognising complications and risks. There may be a conscientious objection to the acquisition of certain skills in this discipline. However, all trainees are expected to acquire appropriate knowledge to offer non-directional information-giving counselling and manage a service
1.3 Be involved in screening for reproductive cancers and pre-malignant disease
1.4 Manage women with climacteric problems including the physiological, psychological and psychosexual problems related to the menopause
1.5 Understand the principles of psychosexual problems and their management
1.6 Provide counselling pre-pregnancy, including for infertility and early pregnancy loss
1.7 Be able to undertake basic medical gynaecological investigation and management
1.8 Understand the principles of genitourinary medicine, especially prevention, assessment, partner notification and appropriate referral for patients with sexually transmitted infections including HIV and AIDS. Be able to assess, treat and manage victims of sexual assault

Table 4. Other related skills and expertise

Subspecialty training also focuses on training to lead and manage a community based service at all three levels defined in the National Sexual Health and HIV Strategy in England or its equivalent in Scotland, Wales and Northern Ireland
1 Service Management
The trainee should receive training in aspects of the following areas to be able to lead and manage a service including:
1.1 Planning
1.2 Finance
1.3 Human resources
1.4 Clinical governance
2. Epidemiology, Research, Statistics and Audit
The trainee should be able to
2.1 Understand basic epidemiological principles (e.g. cohort studies and case control studies; cumulative rates, calculation and assessment of bias)
2.2 Understand population parameters and sampling techniques
2.3 Compute and interpret measures of comparisons of means and variations
2.4 Understand randomised controlled trials and techniques of meta-analysis
2.5 Critically appraise a published paper or study design
2.6 Construct a hypothetical experiment with respect to the following: - The question examined - The hypothesis - Conduct a medical/scientific literature search - The sampling technique (including sampling bias and sample size calculation) - The expression and correlation of raw data and simple (e.g. log) transformation - The selection and application of appropriate statistical tests - Significance of results - The conclusions - The appropriate inferences that can be obtained

Table 4 (Continued)

2.7 Apply the following statistical tests: - Parametric tests such as unpaired, paired, '*t*' tests, analysis of variance and Chi-square tests - Non-parametric tests - Correlation and regression - Multivariant analysis
2.8 Define the terms 'significance', 'confidence interval', Type 1 error and Type 11 error
2.9 Perform statistical analysis of assay data and evaluation of quality control
2.10 Understand the value of discussion and collaboration with statistical advisers
2.11 Understand disease surveillance systems and disease registries
2.12 Understand the need for organisation of implementation of screening programmes

Table 5. Education and Training

3. Education and Training
The trainee should receive training in teaching methods in order to become competent at:
3.1 Teaching medical students, nurses, health visitors, doctors and non-medical agencies in all aspects of sexual and reproductive health
3.2 Teaching/instruction for the Diploma of the Faculty of Family Planning
3.3 Training of family planning instruction doctors, and experience of and participation in the organisation of these programmes
3.4 Teaching sexual and reproductive health to candidates for the DFFP, DRCOG, MRCOG and MFFP
3.5 Sex and relationship education (in its widest sense) for school and youth groups
3.6 Health promotion – including a familiarity with other organisations such as local health education groups
3.7 Appraisal and assessment procedures

Table 6. Ethical and legal aspects

4. Ethical and Legal Aspects
The trainee should be able to discuss the ethical and legal aspects of the clinical practice of their subspecialty and should have a particular knowledge of the relevant areas listed below:
4.1 Legislation, particularly recent, relevant to their subspecialty practice
4.2 The English National Strategy for Sexual Health and HIV and Teenage Pregnancy Unit reports or the equivalent in Scotland, Wales and Northern Ireland
4.3 The Human Rights Act
4.4 GMC 'Good Medical Practice' and 'Maintaining Good Medical Practice'
4.5 Ethics of health care provision and resource allocation
4.6 Medical confidentiality
4.7 Consent: - nature of informed consent - knowledge - capacity - treatment of minors; Frazer Guidelines - treatment of incapacitated patients
4.8 NICE (for England and Wales), SIGN (for Scotland), RCOG and FFPRHC guidelines
4.9 Medical negligence

Table 6 (Continued)

4.10 Policies and procedures such as health and safety, complaints, violence and abuse, etc (national and individual)
4.11 Role and relevance of ethics committees
4.12 Ethics, legal aspects and legislation involving:
- The intimate examination
- fertility treatments and termination of pregnancy
- disease screening
- child protection issues
- HIV and STI

References

1. Greenhouse P. A sexual health service under one roof. In: Pillaye J, editor. Sexual health promotion in genitourinary medicine clinics. *London: Health Education Authority*, 1994.
2. Royal College of Obstetricians and Gynaecologists, Faculty of Sexual and Reproductive Healthcare. Syllabus for subspecialisation in sexual and reproductive health May 2003. The RCOG website: www.rcog.org.uk. Accessed 6 Aug 2008.
3. Diploma of the Faculty of Sexual and Reproductive Healthcare. The Faculty of Sexual and Reproductive Healthcare website: www.ffprhc.org.uk. Accessed 6 Aug 2008.

Corrigendum

"Asia Pacific Mirena Academy Symposium Highlight 2008" (July 2008;8:18-9). Due to printing error, information on pages 18-19 were mis-positioned; page 18 should have been swapped with page 19 rather than as printed. We regret the error.