

Training Prospectus

Obstetrics and Gynaecology

Northern Ireland Medical & Dental Training Agency



2021

Foreword

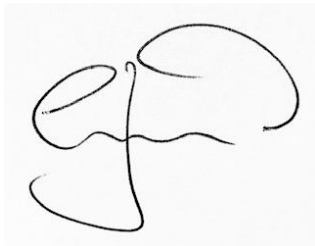
Welcome to the School of Obstetrics and Gynaecology at the Northern Ireland Medical and Dental Training Agency.

Units in NI consistently receive high commendation for O&G Training. We are currently ranked 3rd in the UK for O&G training and were 1st in 2016/2017 as per the RCOG TEF survey. This is something that we are very proud of and endeavour to continue the good training provided. We consider ourselves to be trainee-centered and believe that all training should be bespoke.

O&G in NI is provided within all 5 trusts and in 9 different units spread across the whole of the province. This includes both in-patient and out-patient services to women and their families as well as tertiary sub-specialties across the whole of the curriculum.

Common to all areas of O&G is the need to work within the multidisciplinary team. Trainees will liaise close with midwives, nurses, other medical specialties including anaesthetics and paediatrics in particular.

This document is designed to provide an overview of O&G Training in Northern Ireland. It enables trainees to gain an insight into individual training units to assist them in making their preferences for placement allocation for each year of specialty training as well as to inform decision making by applicants into specialty training. It details the training opportunities available within each unit as well as unit demographics and supervision information. It has been compiled by help from within each unit including current trainees.



Dr Charles Beattie

MB BCh BAO MRCOG Head of School

April 2021

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Belfast Health & Social Care Trust

Belfast Trust Obstetrics and Gynaecology Service

The O&G service in this Trust acts both as a local service for Belfast and as a regional service for Northern Ireland. The service is split across multiple sites. Obstetrics is focused on the Royal Hospitals Site in the Royal Jubilee Maternity Service (RJMS), with an antenatal clinic and a midwifery led service on the Mater Site. Gynaecology outpatient clinics are held primarily on the Mater Hospital and the Belfast City Hospital (BCH) sites but Urogynaecology and Colposcopy are held at the Bradbury Clinic and the Regional Fertility Centre (RFC) is based in Royal Maternity with outpatients in the Grove Clinic on the Shore Road in Belfast. Major gynaecological operating takes place in BCH and there are Day Case Surgery units in both the Mater and BCH.

Royal Jubilee Maternity Service

Maternity services within the Belfast Trust are primarily based within RJMS, with additional clinics and midwifery led delivery suite at the Mater Hospital. Belfast Trust Maternity Services provide pregnancy care for the local populations of Belfast but also care for patients from throughout the Northern Ireland Region presenting with a variety of medical comorbidities and foetal concerns.

Both the Regional Level 3 Neonatal Intensive Care Unit and Northern Ireland's only Maternal Fetal Medicine Centre are contained within RJMS and thus a significant number of premature deliveries and pregnancies with congenital anomalies are managed within this unit.

Unit size (no. deliveries/year): 5156 (2017)

Sites incl. peripheral units:

The majority of obstetric medical cover is located at RJMS. This contains the main delivery suite and elective obstetric theatres as well as the assessment unit for unscheduled attendance, Maternal Fetal Medicine Unit, Early Problems in Pregnancy Clinic, antenatal and postnatal clinics.

A standalone Midwifery Led Unit is located at the Mater Hospital site. There is no requirement for medical staff on this delivery suite. There is however a number of antenatal clinics at the Mater site which require medical staff support.

Consultant staff

College tutor: Dr Inez Cooke: inez.cookebelfasttrust.hscni.net

| <u>Name</u> | <u>Specialty</u> |
|--------------------------------|---|
| <u>Dr Mary Murnaghan</u> | Clinical Director for Maternity & Neonates, Consultant Obstetrician and Gynaecologist, Educational Supervisor RCOG , specialist interest in Multiple Birth pregnancy, Social Complexity in pregnancy |
| <u>Dr Arthur McNally</u> | Consultant Obstetrician, Foundation Programme Educational Supervisor , special interest postnatal problems and epilepsy |
| <u>Dr Carolyn Bailie</u> | Specialty Improvement Lead for Maternal Fetal Medicine, Consultant Maternal Fetal Medicine, Preceptor Maternal Fetal Medicine ATSM |
| <u>Dr Katie Johnston</u> | Specialty Improvement Lead for Intrapartum Care, Consultant Obstetrician, specialist interests in Gestational Diabetes and Birth Choices, Educational supervisor, Labour Ward Lead, Advanced Labour Ward Practice and Advanced Antenatal Care ATSMs |
| <u>Dr Lorraine Anderson</u> | Patient Safety and Governance lead, Consultant Obstetrician and Gynaecologist, Educational Supervisor RCOG |
| <u>Dr Priscilla Devaseelan</u> | Consultant Obstetrician and Gynaecologist, Educational Supervisor RCOG and Advanced Antenatal Care ATSM , specialist interest in HIV in pregnancy |
| <u>Dr Agnieszka Zawislak</u> | Consultant Obstetrician and Gynaecologist, Serious Adverse Incident Chair, specialist interest in Urogynaecology, Undergraduate Education, Educational Supervisor for Advanced Labour Ward Practice ATSM |
| <u>Dr Alyson Hunter</u> | Consultant Maternal Fetal Medicine, Educational Supervisor RCOG, specialist interest in Fetal Growth Restriction and Haematological conditions in pregnancy |
| <u>Dr Niamh McCabe</u> | Consultant Obstetrician & Gynaecologist, Specialist interest in Early Pregnancy Problems, Day obstetric unit and Birth Choices |
| <u>Dr Stephen Ong</u> | Consultant Maternal Fetal Medicine, Obstetric Lead for Northern Ireland Neonatal Network, regional obstetric ultrasound network, Educational Supervisor, Maternal Fetal Medicine ATSM |
| <u>Dr Oonagh Cleland</u> | Specialty Improvement Lead for gynaecology, Consultant Obstetrician and Gynaecologist, special interest Complex Social Issues in Pregnancy |
| <u>Dr Inez Cooke</u> | Consultant Obstetrician, College Tutor, RCOG, Maternal Medicine ATSM preceptor, Clinical Supervisor Foundation Programme , Specialist Maternal Medicine (cardiology, endocrine and neurology, Clinical senior lecturer, QUB Centre of medical education |
| <u>Janitha Costa</u> | Consultant Obstetrician, Educational Supervisor Foundation |

| | |
|-------------------------------------|---|
| | Programme , specialist interests Undergraduate Education, Obesity in pregnancy, Breech presentation in pregnancy |
| <u>Dr Caitriona Monaghan</u> | Consultant Maternal Fetal medicine, Deputy Head of Training obstetrics and gynaecology, NIMDTA, specialist interest Multiple Birth pregnancy, Cardiac disease in pregnancy |
| <u>Dr Helen Goodall</u> | Consultant Obstetrician and Gynaecology, Educational supervisor , specialist interest Diabetes in pregnancy, preterm labour clinic and Intrapartum Care |
| <u>Dr Fionnula Mone</u> | Consultant Maternal Fetal Medicine, clinical Lecturer in Maternal Fetal medicine |

Specialty Doctors and Associate Specialists:

- Dr Faleeha Khanoum
- Dr Sadia Sajjad
- Dr Minu Philipose

Specialist Nurses/Midwives:

| Name | Specialty |
|------------------------|--|
| Lisa Darrah | Perinatal Mental health and social complexity |
| Jackie Simpson | Diabetes |
| Deborah Burns | Diabetes |
| Barbara Gergett | Childbirth and Perinatal loss, Barbara Spratt – Breast feeding |
| Helen Rice | Fetal medicine |

Medical Administration Liaison:

- Geraldine Toner: Geraldine.toner@belfasttrust.hscni.net
- Siobhan Hughes: Siobhan.hughes@belfasttrust.hscni.net

Belfast City Hospital Gynaecology Service

Whilst providing a general gynaecology service to the Belfast area, the Trust also offers regional services for gynaecological oncology (BCH), reproductive medicine (RFC) and urogynaecology (BCH). Inpatient major surgery normally takes place in the BCH with day surgery in the Mater hospital and day procedures such as colposcopy, urological investigations in the Bradbury Centre.

Consultant staff

| Oncology | Urogynaecology | Reproductive Medicine | General Gynaecology |
|------------------------|-----------------------------|--|----------------------------|
| Dr Elaine Craig | Dr Lorraine Anderson | Dr Ishola Agbaje (also Gynae-Endocrine service) | Dr Oonagh Cleland |

| | | | |
|---------------------------|------------------------------|-------------------------------------|--------------------------------|
| Dr Stephen Dobbs | Dr Patrick Campbell | Dr Tommy Tang | Dr Mary Murnaghan |
| Dr Ian Harley | Dr Lucia Dolan | Dr Joanne McManus (also HRT) | Dr Priscilla Devaseelan |
| Dr Mark McComiskey | Dr Agnieszka Zawislak | Dr Suzanne Price | Dr Joanne McKenna |
| Dr Hans Nagar | Dr Patrick Campbell | Dr John McManus | |

- Dr McComiskey, Dr Abgaje, Dr Murnaghan, Dr Anderson, and Dr Devasaleen are all Educational Supervisors.

Trainee Posts

| | |
|-----------------------------------|------------------------|
| No. O&G trainee posts: | 15 (ST4-7) & 11(ST1-3) |
| No. GP training posts: | 5 |
| No. F2 posts: | 3 |

- FY2 trainees spend their 4 month rotation exclusively in obstetrics
- GP trainees and ST1-ST2 trainees rotate in 3 month blocks between obstetrics and gynaecology
- ST3 – ST7 trainees complete 6 month attachments in obstetrics and in gynaecology

On-call commitment:

The Trust is currently rota compliant. There is a resident ST1-ST3/GP trainee in gynaecology in BCH at night. Otherwise, all on-call is in RJMS and in three tiers of seniority. There is always a consultant obstetrician and a consultant gynaecologist on call. In addition, there is a dedicated consultant on call, 24/7, both for fertility services and for gynaecological oncology.

Training Opportunities:

Every trainee is allocated a clinical supervisor for obstetrics and one for gynaecology as well as an Educational Supervisor. There are endless opportunities to carry out audits and even smaller pieces of research.

Surgical training opportunities range from learning diagnostic hysteroscopy through to highly complex endoscopic and open procedures. Trainees are rostered to attend both general and subspecialty clinics and there are ATSM training preceptors for most RCOG ATSMs. In addition, trainees are welcome to attend specialist clinics on an ad hoc basis by prior arrangement with the relevant consultant.

In addition to the regional teaching programme, held in Antrim Area Hospital on Friday afternoons, there are multiple teaching opportunities in the Trust from the Laparoscopy Club through to Perinatal Mortality meetings and an obstetrical journal club. The Obstetrics unit has fetal medicine meetings,

Handover arrangements:

There is a protected handover time at the beginning and end of each working shift on delivery suite. All handovers are formalised and documented with an electronic copy of information stored. Morning handover involves all members of the multi-disciplinary team (obstetrics, midwifery, neonatal, anaesthetics and bed co-ordinators). The patient handover is led by the obstetric ST3-5 doctor and education and teaching are facilitated by the consultant staff present.

Evening handover is attended by the obstetric, midwifery and anaesthetic teams.

Handover arrangements at Royal Jubilee Hospital have consistently been rated very highly in GMC training surveys.

Clinical duties of trainee:

- Participate in general O&G on-call rota
- Admit and manage women with common O&G problems, seeking senior support where appropriate
- Attend twice daily formal handover
- Participate in consultant led ward rounds
- Senior trainees are expected to lead ward rounds
- Complete ward duties including on-going management of acute problems
- Attend theatre sessions (inpatient and day case)
- Attend general and specialist OPDs
- Participate in an audit or clinical governance project
- Attend and contribute to formal teaching sessions
- Demonstrate critical reading and application of evidence based medicine
- Contribute to the teaching of undergraduate medical students
- Senior trainees are expected to demonstrate clinical leadership by: ensuring efficient running of the ward including administrative duties; planning discharges; leading handover; preparing weekly grand round; supervising junior trainees
- Work towards appropriate exams
- Arranging meetings with supervisors and colleagues to complete e-portfolio in timely fashion

Specialist services within this placement:

- Gynaecology Oncology Cancer Centre Regional Fertility Centre
- Regional Neonatal Intensive Care
- Maternal Fetal Medicine Centre
- Tertiary Level Uro-gynaecology
- Weekly Obstetric MDT meetings
- Specialist joint Obstetric-Medical Specialty Antenatal Clinics (i.e. Haematology, Endocrine, Cardiac, Neurology etc.)

Changes to Service Provision due to Covid 19 (2020-2021)

The obstetrics services within the Belfast Trust have continued normal antenatal care regimes throughout the past year with no reduction in antenatal visits for expectant mothers. This has been

made possible by reducing the attendance of partners to the booking scan, anomaly scan, the neonatal unit and delivery itself.

During the past year, the Belfast City Hospital has been the nominated Nightingale hospital during peaks in the COVID pandemic. Gynae-oncology and emergency services have been maintained throughout, using the UIC and RVH for inpatient cases. Other inpatient elective services have been curtailed, in keeping with similar experiences in other Trusts, but are returning to normal levels.

A Trainee's Perspective

John McManus (ST6)

The Belfast Trust serves the largest population in the region, and Belfast as a city has a dynamic population with an ever-increasing cultural diversity, as well as being host to some of the most socially deprived areas in Northern Ireland. The Belfast Obstetrics and Gynaecology team provides secondary care to the Belfast city area as well as being the tertiary referral service for the region. All sub-specialities are present, as well as tertiary/specialist referral services for many conditions such as endometriosis, placenta accreta and substance abuse in pregnancy, to name but a few.

The Royal Jubilee Maternity Hospital provides maternity care for 5500 women annually, from low risk pregnancies to the more high risk in Northern Ireland. There are gynae theatre sessions running daily, with an average of eleven DPU sessions weekly. The operations at these sessions range from routine procedures to complex benign and oncological gynaecological surgery.

As a trainee member of the team, regardless of what level you are at in your training, you are at the centre of all of this. Throughout my training to date I have had the opportunity to work at all levels within the department. As a junior speciality trainee there is excellent senior support, with all aspects of the RCOG syllabus covered to enable you to achieve your ST2 competencies. The C/S list is carried out by a consultant and the delivery suite ST1/2 trainee, which is a superb opportunity for training. The delivery suite never stops, with all procedures required for ST1/2 happening on an almost daily basis, and in gynae there is excellent opportunity to start to develop your surgical skills during the DPU/theatre sessions. Scanning is learnt under direct supervision.

As an ST3/4 you get the opportunity to develop your confidence in leading a team on call in a busy and demanding environment. Another important aspect of training at this stage is the opportunity to start to scope where your interests may lie for deciding on future ATSMs or even subspecialty training, given the access to a broad range of specialty areas. There is always fantastic access to many interesting audits and projects in whatever road you want to pursue with excellent supervision. For the more senior trainee who is undertaking ATSMs, there is access to all aspects of training required to complete the modules. Senior trainees in the trust can enrol on the STEP programme (Specialist Trainees Engaged in leadership Programme), which enables the development of leadership, management and quality improvement skills and provides support in leading a service improvement project. This is another fantastic opportunity for trainees nearing the completion of training, and it also offers support in preparing for the consultant application process. Working as a ST5-ST7 on-call is busy and the caseload is often complex, which provides exciting opportunities for learning with excellent consultant support. If you enjoy working in a team and leading in a fast pace, challenging, high risk environment, I cannot recommend this post enough.

Kelly Reilly (ST3) Obstetrics & Gynaecology

I have had the opportunity to work in the Belfast Trust both as an ST2 and a ST3. As the tertiary referral centre for Northern Ireland it is understandably busy at every level but with a great sense of camaraderie.

At ST1-2 level you get the opportunity to dedicate yourself to each area of Obstetrics and Gynaecology individually. Your time is divided into 3 month slots alternating between RJMS and BCH sites. In both sites you get to see both the main stream of conditions that present to O&G and get a taste for the subspecialties such as fetal medicine, fertility, Gynae-Oncology and Urogynaecology. You also have the opportunity to perform Caesarean section lists under the supervision of a consultant.

At ST3 level you are able to work in an extremely busy and high risk unit while also having the support of a more senior trainee present and a body of very supportive and present Consultants. For me I found this extremely helpful when stepping up from ST2/3 as it meant you had support when you felt you really needed it but you were also able to make the leap and work independently when you felt able.

In terms of portfolio and training I found the Belfast Trust a brilliant place to work. Due to the wide range of patients who have been referred in from all over Northern Ireland, you get to see a number of conditions that are needed for your curriculum sign off that you may not get elsewhere. It also means that for your future career if you do go to a DGH, these patients with the rarer conditions are not generally the first time you will have seen something.

Day Obstetric Unit and the Early Pregnancy Problem Unit allow you the chance to practise and enhance your scanning while under the supervision of highly trained professionals.

Overall I think the Belfast Trust is a brilliant place to train at any stage of your career. It provides a full spectrum of elective to emergency and routine to rare cases.

Date of completion: April 2021

BHSCT Illustrative Timetable: ST5-ST7 Example rota template

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| 01/08/2018 | D | D | D | D | N | OFF | OFF | L |
| 02/08/2018 | OFF | D | D | OFF | N | L | D | D |
| 03/08/2018 | N | D | OFF | D | OFF | D | L | D |
| 04/08/2018 | N | OFF | OFF | OFF | OFF | OFF | L | OFF |
| 05/08/2018 | N | OFF | OFF | OFF | OFF | OFF | L | OFF |
| 06/08/2018 | OFF | L | D | D | D | N | D | D |
| 07/08/2018 | OFF | D | D | D | L | N | D | D |
| 08/08/2018 | L | D | D | D | D | N | OFF | OFF |
| 09/08/2018 | D | OFF | D | D | OFF | N | L | D |
| 10/08/2018 | D | N | D | OFF | D | OFF | D | L |
| 11/08/2018 | OFF | N | OFF | OFF | OFF | OFF | OFF | L |
| 12/08/2018 | OFF | N | OFF | OFF | OFF | OFF | OFF | L |
| 13/08/2018 | D | OFF | L | D | D | D | N | D |
| 14/08/2018 | D | OFF | D | D | D | L | N | D |
| 15/08/2018 | OFF | L | D | D | D | D | N | OFF |
| 16/08/2018 | D | D | OFF | D | D | OFF | N | L |
| 17/08/2018 | L | D | N | D | OFF | D | OFF | D |
| 18/08/2018 | L | OFF | N | OFF | OFF | OFF | OFF | OFF |
| 19/08/2018 | L | OFF | N | OFF | OFF | OFF | OFF | OFF |
| 20/08/2018 | D | D | OFF | L | D | D | D | N |
| 21/08/2018 | D | D | OFF | D | D | D | L | N |
| 22/08/2018 | OFF | OFF | L | D | D | D | D | N |
| 23/08/2018 | L | D | D | OFF | D | D | OFF | N |
| 24/08/2018 | D | L | D | N | D | OFF | D | OFF |
| 25/08/2018 | OFF | L | OFF | N | OFF | OFF | OFF | OFF |
| 26/08/2018 | OFF | L | OFF | N | OFF | OFF | OFF | OFF |
| 27/08/2018 | N | D | D | OFF | L | D | D | D |
| 28/08/2018 | N | D | D | OFF | D | D | D | L |
| 29/08/2018 | N | OFF | OFF | L | D | D | D | D |
| 30/08/2018 | N | L | D | D | OFF | D | D | OFF |
| 31/08/2018 | OFF | D | L | D | N | D | OFF | D |
| 01/09/2018 | OFF | OFF | L | OFF | N | OFF | OFF | OFF |
| 02/09/2018 | OFF | OFF | L | OFF | N | OFF | OFF | OFF |
| 03/09/2018 | D | N | D | D | OFF | L | D | D |
| 04/09/2018 | L | N | D | D | OFF | D | D | D |
| 05/09/2018 | D | N | OFF | OFF | L | D | D | D |
| 06/09/2018 | OFF | N | L | D | D | OFF | D | D |
| 07/09/2018 | D | OFF | D | L | D | N | D | OFF |
| 08/09/2018 | OFF | OFF | OFF | L | OFF | N | OFF | OFF |
| 09/09/2018 | OFF | OFF | OFF | L | OFF | N | OFF | OFF |
| 10/09/2018 | D | D | N | D | D | OFF | L | D |
| 11/09/2018 | D | L | N | D | D | OFF | D | D |
| 12/09/2018 | D | D | N | OFF | OFF | L | D | D |
| 13/09/2018 | D | OFF | N | L | D | D | OFF | D |
| 14/09/2018 | OFF | D | OFF | D | L | D | N | D |
| 15/09/2018 | OFF | OFF | OFF | OFF | L | OFF | N | OFF |
| 16/09/2018 | OFF | OFF | OFF | OFF | L | OFF | N | OFF |
| 17/09/2018 | D | D | D | N | D | D | OFF | L |
| 18/09/2018 | D | D | L | N | D | D | OFF | D |
| 19/09/2018 | D | D | D | N | OFF | OFF | L | D |
| 20/09/2018 | D | D | OFF | N | L | D | D | OFF |
| 21/09/2018 | D | OFF | D | OFF | D | L | D | N |
| 22/09/2018 | OFF | OFF | OFF | OFF | OFF | L | OFF | N |
| 23/09/2018 | OFF | OFF | OFF | OFF | OFF | L | OFF | N |

Northern Health & Social Care Trust

Antrim Area Hospital

Antrim Area Hospital is a District General Hospital with approximately 3000 deliveries per year. The unit was voted number 1 in the UK for General Obstetrics and Gynaecology training in 2017 by the RCOG TEF awards and in 2019 remained one of the top 10 UK units for O&G training as well as for Professional Development and the Working Environment - the unit promoting the highest standards of O&G with excellent training opportunities. The consultant team are extremely supportive to trainees and nurture a culture of teaching & learning. We are able to offer nearly all of the RCOG ATSM's. The unit is manages high risk obstetric and complex obstetric cases working very closely and effectively with our Neonatal colleagues. We have a busy gynaecological service and offer a large volume of benign gynaecology surgery and are also run a gynae-oncology satellite service.

Unit size (deliveries/year): 3000 approx.

Sites: Antrim Area Hospital (Hub). 4 Peripheral units: Ballymena, Mid-Ulster, Whiteabbey & Larne.

No. Consultants (full time equivalent): 9

Consultant/SAS/Specialist nursing staff: (See Below table)

| Consultant Name / Specialty Doctor/ Specialty Nurse (SN) | Full & Part time | Educational (ES) & Clinical Supervisor (CS) | Specialty/Special interest |
|---|-----------------------------|--|--|
| Dr Gary Dorman (Clinical Director) | F/T | CS/ES | Gynae-oncology lead, Colposcopy |
| Dr Keith Johnston | F/T | CS/ES | Laparoscopic Surgeon, Director of regional advanced laparoscopic and vaginal fellowship. |
| Dr David Morgan | F/T | CS/ES | Laparoscopic Surgeon, Out-patient hysteroscopy, Colposcopy, Risk Management |
| Dr Frances Stewart | F/T | CS/ES | Multiple Pregnancy Lead, Audit Lead |
| Dr Laura McMorran | F/T | CS/ES | Labour ward lead and Diabetic service lead. |
| Dr Turloch Maguire | F/T | CS/ES | Urogynaecology |
| Dr Declan Quinn | F/T | CS/ES | Gynae-oncology, Colposcopy and Outpatients Hysteroscopy. |
| Dr Charles Beattie | F/T | CS/ES | Urogynaecology & HRT clinic, Head of School |
| Dr Catriona O'Kane | F/T | CS/ES | Psycho-sexual clinic |
| Dr Cathy Malone | P/T | | Colposcopy |
| Dr Donald Chandranath (Sp.Doc) | P/T | | See and Treat clinic , outpatient hysteroscopy |

| | | |
|--|-----|---|
| Dr Kirsty Briggs(Sp.Doc) | F/T | See and Treat clinic , outpatient hysteroscopy |
| Dr Joanne Magee (Sp.Doc) | P/t | Outpatient Hysteroscopy, Early Pregnancy clinic |
| Valerie McMillen Nurse Specialist | F/T | Urodynamics and pessary clinic |

Medical admin liaison:

- Charlotte Caldwell: charlotte.cadwell@northerntrust.hscni.net

| | |
|-----------------------------------|---|
| No. O&G trainee posts: | 10*(numbers will be modified across all units from August 2019) |
| No. GP training posts: | 4/5 |
| No. F2 posts: | 1 |

Rota pattern:

- 1st on call: 1:7, 2nd on call: 1:7 - both on sites

Handover arrangements:

This is performed by the registrar on call 3 times per day, 8.30am, 1pm and 5pm with consultant of the week (COW) in attendance.

Protected training time:

Friday afternoons for NIMDTA CME, departmental journal club, PROMPT.

Clinical duties of trainees & Educational Opportunities:

- Participate in general O&G on-call rota 1 in 7
- Admit and manage women with common O&G problems, seeking senior support where appropriate
- Attend daily formal handover three times daily
- Participate in consultant led ward rounds
- Senior trainees are expected to lead ward rounds
- Complete ward duties including on-going management of acute problems
- Attend theatre sessions (inpatient and day case) Trainees are delegated to a consultant for a 6 month periods and expected and rotated as much as possible for these sessions.
- Attend general and specialist OPDs
- Participate in an audit or clinical governance project
- Attend and contribute to formal teaching sessions
- Demonstrate critical reading and application of evidence based medicine
- Contribute to the teaching of undergraduate medical students

- Senior trainees are expected to demonstrate clinical leadership by: ensuring efficient running of the ward including administrative duties; planning discharges; leading handover; preparing weekly grand round; supervising junior trainees
- Work towards appropriate exams
- Arranging meetings with supervisors and colleagues to complete e-portfolio in timely fashion

Specialist services within this placement:

- Gynae-oncology satellite unit
- Colposcopy
- OPD Hysteroscopy including morcellation clinic
- Urodynamics
- Day Surgery 4 / week*
- Theatre sessions 5 per week* (excellent consultant experience & expertise in advanced laparoscopic, vaginal and open surgical techniques)
- Large high risk general obstetric clinics Joint Endocrine clinic
- Early pregnancy clinic (including weekends)
- Fetal assessment unit
- ECV clinic

Particular Strengths of this placement a trainee's prospective:

Antrim Area Hospital offers a large amount of general & subspecialist experience in O&G. It is probably one of the leading units in the province for gynaecological surgery training. A large number of ATSM's are available within the department. There are over 3000 deliveries / year; so on-call is not overly busy most of the time! There is also good exposure to high risk Obstetrics and an excellent multidisciplinary relationship with the onsite Neonatal team. There is a dedicated, supportive, approachable Consultant team. We rated No. 1 for training in the TEF awards in the UK in 2017 and in the top 10 in 2018.

ATSM'S offered:

- *Acute gynaecology and early pregnancy*
- *Advanced antenatal practice*
- *High risk pregnancy*
- *Advanced labour ward practice*
- *Benign abdominal surgery: open and laparoscopy*
- *Benign gynaecological surgery: hysteroscopy*
- *Colposcopy*
- *Labour ward lead*
- *Medical education*
- *Menopause*
- *Urogynaecology and vaginal surgery*

Antrim Area Hospital Illustrative Timetable:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--|---|---|---------------------------|---|
| AM | Theatre main Theatre (emerg.) OPD hysteroscopy/ Colposcopy ANC | Theatre main Theatre (Emerg). Perinatal, CTG, Clinical Risk (alternate weeks) ANC Perinatal, CTG, Clinical risk. | Theatre main Theatre (Emerg) ANC OPH | ANC Theatre (Emerg) | Theatre main Theatre (emerg.) PROMPT - approx...monthly OPD hysteroscopy morcellation clinic |
| Lunch | | | | | |
| PM | Theatre OPD hysteroscopy /Colposcopy GOPD | GOPD Oncology Clinic | Nurse led urodynamics clinic | GOPD ANC | CME Local Teaching Prompt approx. monthly hysteroscopy morcellation clinic |

Date of completion Jan 2021

Northern Health & Social Care Trust

Causeway Hospital

Causeway is an acute general hospital situated on the north coast of Northern Ireland. We work closely with Antrim Area Hospital to provide services to the largest catchment area in Northern Ireland, and trainees rotate between the 2 units during the year. We provide Consultant-led Obstetrics alongside Midwifery Led care. We offer a full range of gynaecology services, including inpatient and day case theatres and have a purpose built outpatient treatment suite.

Unit size (deliveries/year): 1000 approx.

Sites: Causeway Hospital

No. Consultants (full time equivalent): 5

College tutor: Lorraine Johnston: Lorraine.johnston@northerntrust.hscni.net

Consultant staff

| Consultant | Full/Part-time | CS/ES | Specialist Interest |
|---|----------------|-----------|---|
| Dr Lorraine Johnston (Clinical Lead) | F/T | CS and ES | Colposcopy |
| Dr Jacek Obrycki | F/T | CS, F2 ES | Urogynaecology, Clinical Risk, Audit lead |
| Dr Laura Doherty | F/T | CS and ES | Fetal Medicine, Vulval disorders, Guidelines, UG Med Student lead |
| Dr Daniel Douglas | F/T | CS and ES | Gynae-Oncology, Colposcopy, OP Hysteroscopy |
| Dr Rebecca Barclay | F/T | CS and ES | Advanced AN care, Early Pregnancy, Clinical Risk, College Tutor |
| Dr Jonny White (Sp Dr) | P/T | N/A | RPL, Early Pregnancy |
| Dr Rachael O'Flaherty (Sp Dr) | F/T | CS and ES | OP Hysteroscopy |
| Dr Gerard Krystowski (Sp Dr) | F/T | N/A | Urogynaecology |
| Dr Joanna Krystowska (Sp Dr) | F/T | N/A | OP Hysteroscopy |

Specialty doctors and associate specialists:

| Name | Specialty |
|------------------|---|
| Dr Madhu Singhal | N/A |
| Dr J Krystowska | OPD hysteroscopy |
| Dr G Krystowski | Urogynaecology |
| Dr R O'Flaherty | OPD hysteroscopy |
| Dr J White | Early Pregnancy / recurrent miscarriage |

- All specialty doctors are accredited Clinical Supervisors

Specialist Nurses/Midwives

| Name | Specialty |
|-------------------|--|
| Sr Shona Hamilton | Consultant Midwife Perinatal Mental Health / Birth Trauma |
| S/N Kay Kennedy | Urogynaecology |
| S/N L McGrath | Cervical Screening |
| Sr C Kerr | Early pregnancy Service |
| Sr M Boyd | OPD treatment service |

Trainee Posts

| | |
|-----------------------------------|--|
| No. O&G trainee posts: | There are 6 Specialty trainees (ST1/2 level) rotate between Causeway and Antrim hospitals. There is no middle grade doctors (2nd on call) attached to this unit. |
| No. GP training posts: | 1 |
| No. F2 posts: | 1 |

Rota pattern

1st on call - 1 in 8 rota. There may be opportunity for an experienced trainee to act up on middle grade rota during daytime in preparation for transition to ST3.

Handover arrangements:

- Morning handover: 9am – Labour ward & gynae doctors attend
- Evening handover: 5pm – On call team attend

Protected training time:

There are regular sessions for the following:

- Perinatal meetings
- C/S review

- CTG training
- Trainee led tutorials
- Regional CME

Clinical duties of trainees:

- Participate in general O&G on-call rota
- Admit and manage women with common O&G problems, seeking senior support where appropriate
- Attend twice daily formal handover
- Participate in consultant led ward rounds
- Complete ward duties including on-going management of acute problems
- Attend theatre sessions (inpatient and day case)
- Attend general and specialist OPDs
- Participate in an audit or clinical governance project
- Attend and contribute to formal teaching sessions
- Demonstrate critical reading and application of evidence based medicine
- Contribute to the teaching of undergraduate medical students
- Work towards appropriate exams
- Arranging meetings with supervisors and colleagues to complete e-portfolio in timely fashion

Educational Opportunities:

All trainees are encouraged to undertake a Quality improvement project whilst attached to this unit. Tele-link facilities are available for Trust-wide meetings

Specialist services within this placement:

In addition to special interests of Consultants, there is also the opportunity to attend on-site GUM, which allows completion of the relevant module of the curriculum, and access to Perinatal Mental Health MDT/ combined clinics.

Particular Strengths of this placement:

This is a relatively low volume unit, which allows time for training and direct supervision by the Consultants. There are no middle grade trainees attached to this unit, so all theatre opportunities are available to junior trainees, as are Labour ward opportunities.

A trainee's prospective:

Having spent the first 6 months of ST1 in Causeway, I was able to gain great exposure to gynaecological clinics/theatres and ANC/Labour Ward, with no competition from senior trainees. I was able to acquire numerous theatres and labour ward sessions with which I was able to increase my confidence in performing procedures under senior supervision, without the time pressures which can be felt in other units, due to the sheer volumes of patients. In Causeway, due to its small size, it

is a very personable experience, where you feel part of the multi-speciality team, and where the majority of staff knows your name.

The consultants are all very approachable and exceptionally proactive in teaching with weekly teaching sessions, labour ward forums, and lunchtime teaching. There is also an emphasis on undergraduate education, with numerous teaching opportunities available alongside many audit and quality improvement project opportunities available.

Whilst at Causeway due to the availability for study leave, senior teaching and lack of travelling between other peripheral sites, it is an opportune moment to focus on exams, and pass Part 1 of MRCOG if possible.

I thoroughly enjoyed my time in Causeway and would heartily recommend it to anyone.

Causeway Hospital Illustrative Timetable:

| CAU O&G Rota WC | | | | | | | | | |
|--|---------|-----------|-----------------|---|--|------------|-------|-------------------------|-----------|
| Consultant Of The Week: Dr | | | | | | | | | |
| COW available - 9am-5pm (Mon-Fri) GP Access or Emergency Contact - Deck Phone 375942 | | | | | | | | | |
| Day | Time | ANC | GP/PC | Meadows | THEATRE | Maternity | Gynae | ON-CALL | |
| Mon | 1st am | COW | Barclay/Doherty | Colposcopy Johnston | EL C8 | ST1-2 | ST1-2 | Cons on call Reg (L) | ST1-2 (L) |
| | pm | COW | Obrycki | Reo Pregnancy Loss Colposcopy Douglas | | ST1-2 | ST1-2 | Reg (N) ST1-2 (N) | |
| Tue | 2nd am | COW | Barclay | Botox G Krystowski | Guinn/Dorman (IP) | ST1-2 | ST1-2 | Cons on call Reg (L) | ST1-2 (L) |
| | pm | COW | Barclay | Truolar | DFU | ST1-2 | ST1-2 | Reg (N) ST1-2 (N) | |
| Wed | 3rd am | COW | Johnston | | Douglas/Obrycki (IP) | ST1-2 | ST1-2 | Cons on call Reg (L) | ST1-2 (L) |
| | pm | COW | Doherty | Obrycki | OP Hysteroscopy Barclay O'Flaherty | EL C8 | ST1-2 | Reg (N) ST1-2 (N) | |
| Thurs | 4th am | COW | | Douglas | Mirena Clinic | | ST1-2 | Cons on call Reg (L) | ST1-2 (L) |
| | pm | COW | | | OP Hysteroscopy J Krystowska | | ST1-2 | Reg (N) ST1-2 (N) | |
| Fri | 6th am | COW | | Johnston/Malone | Vulval Skins Doherty | | ST1-2 | Cons on call Reg (L) | ST1-2 (L) |
| | pm | COW | | | Colposcopy/Minor Procedures Malone/Johnston | | ST1-2 | Reg (N) ST1-2 (N) | |
| Sat | 8th | Sun | 7th | Consultants | | Cons Leave | | Staff Grades | |
| Cons | Cons on | Cons | Cons on call | Dr Johnston | | | Leave | ST1-2 | Leave |
| Reg (L) | | Reg (L) | | Dr Obrycki | | | | | |
| ST1-2 (L) | | ST1-2 (L) | | Dr Doherty | | | | | |
| | | | | Dr Douglas | | | | | |
| | | | | Dr Barclay | | | | | |
| Reg (N) | | Reg (N) | | | | | | | |
| ST1-2 (N) | | ST1-2 (N) | | | | | | | |
| On Call Baton Sleeps | | | | | | | | | |
| Deck Phone 375942 | | | | | | | | | |
| DSG Reg 1247 | | | | | | | | | |
| Obstetric ST1-2 1211 | | | | | | | | | |
| Gynae ST1-2 1211 | | | | | | | | | |

Date of completion: May 2021

South Eastern Health & Social Care Trust

The South Eastern Health & Social Care Trust (SET) is an Investors in People (IIP) accredited organisation, employing approximately 12,500 Staff. The Trust is excellently placed to offer integrated health and social services which are accessible, appropriate and of the highest quality. It is an integrated Trust, incorporating acute hospital services, community health and social services. The Trust serves a population of 440,000 people and covers a wide geographical area from Bangor in the north, Portaferry in the East, to Newcastle in the South and Moira in the West. The 5 main hospital bases are the Ulster, Lagan Valley, Ards, Downe and Bangor Community Hospitals.

The Ulster Hospital

The Ulster Hospital is the major acute hospital for the Trust and delivers the full range of acute services for the population. This includes a Type 1 Emergency Department which is open 24/7, a comprehensive range of diagnostic services, the full range of outpatient, inpatient and day care medical and surgical services, cancer care, coronary care, obstetrics and paediatric services. The regional Plastic and Maxillo-Facial services are mainly delivered from the Ulster site. The Ulster has 90,000 Emergency Department attendances and over 4,000 births each year.

The Ulster Hospital has undergone significant redevelopment with the building of a permanent renal unit, new maternity hospital, refurbishment of the Emergency Department, a new theatre block and a new Critical Care Complex in November 2010. A new inpatient ward block was opened in February 2017 with 288 single en-suite rooms, 4 day surgery theatres and 3 endoscopy rooms. A further acute services ward block is currently under construction which includes 170 additional single en-suite rooms, a new x-ray department including CT and MRI and a new emergency department. It is expected to open in 2021/22.

The Ulster Hospital is a major teaching hospital associated with Queen's University of Belfast and with the University of Ulster. The library is linked to Queen's University Medical Library and comprehensive on-line search facilities and other resources are provided through library connections. There is a Medical Library at the Ulster Hospital which is linked to the University Medical Library. The facilities for Med-line and the Cochrane Database are also available. Research opportunities are also being developed, particularly in the field of bronchiectasis, lung cancer and health related technology.

Unit size (no. deliveries/year): 4232 (2019-20)

Sites incl. peripheral units:

Ards Hospital

Ards Hospital is 5 miles from the Ulster Hospital. It is a community hospital in the South Eastern Trust and has inpatient beds looked after by local general practitioners. Gynaecology outpatients are carried out on this site, including a specialist vulval clinic.

Bangor Hospital

Bangor Hospital is 10 miles from the Ulster Hospital. It is a community Hospital in the South Eastern Trust. Gynaecology outpatients and urogynaecology clinics are held on this site. The continence service for the area is based in Bangor Hospital and urodynamic studies are performed as outpatients.

Downe Hospital

The Downe Hospital is a District General Hospital some 23 miles from Belfast. For obstetrics and Gynaecology there is a midwifery led unit open since 2010. Medical staff provides outpatient antenatal, gynaecology and colposcopy clinics.

Lagan Valley Hospital

Lagan Valley Hospital is 13 miles from the Ulster Hospital. For Obstetrics and Gynaecology there is a Midwifery Led Unit opened February 2011. Day surgery in gynaecology increased in April 2011 with 5 lists each weekday morning. Within the Gynaecology Ward there are Early Pregnancy Clinics and Outpatient Hysteroscopy performed. There are 3 theatres 2 which were opened in 2010. Antenatal clinics occur in the newly refurbished maternity unit and there is modern ultrasound equipment.

General gynaecology outpatients, recurrent pregnancy loss clinic and colposcopy clinics occur in the general outpatient department. There is a continence service based in the hospital and urodynamics are performed on an outpatient basis.

Woman and Acute Child Health Directorate

The Obstetrics and Gynaecology service is managed within the Woman and Acute Child Health Directorate with children's services, hospital and community midwifery.

Obstetrics:

The Maternity Unit opened in July 2008. There are 32 obstetric beds, 5 delivery rooms, a high dependency area and 2 operating theatres and with upwards on 4500 deliveries per annum. Approximately 800 of these deliveries occur in the 7 bedded Home from Home midwifery led unit. Midwifery led care is normal for low risk women and the consultant led antenatal clinics are for high risk patients. There is a 24 hour epidural service and consultant anaesthetics' presence 40 hours per week. Further midwifery led deliveries occur at Lagan Valley Hospital and Downe Hospital.

There is an outpatient department in the unit for antenatal, gynaecology and special interest outpatient sessions.

Neonatology:

There is a neonatal unit which has 13 cots, 2 level 1, 2 level 2 and 9 level 3 cots. Paediatric cover is therefore a 24 hours service.

Gynaecology:

The purpose built Neely Ward has 20 beds. Each consultant has access to beds in this ward and operates in the new theatre suite in the critical care complex opened in 2010. Intensive care is also situated within this new block. Theatre sessions for gynaecology operate 4 ½ days per week from 0800-1800hrs.

A weekly Gynae DPU list is also undertaken in the newly built DPU theatres.

Outpatients:

Outpatient clinics occur in the Outpatient Department in the Maternity Unit. Midwifery led and medically led antenatal clinics are provided. The latter are further specialised into Haematology, perinatal mental health, diabetic and endocrine, placental and general with medical input. There is a dedicated multiple pregnancy clinic. There are also prenatal diagnosis, fetal assessment and ECV clinics. Modern ultrasound equipment is available for all clinics.

For gynaecology there are general gynaecology, infertility, colposcopy, and oncology clinics.

No. Consultants (full time equivalent): 12

| Name | Specialty |
|----------------------------|--|
| Dr David Glenn | Clinical Director. Lead Clinician for Gynae-oncology and general gynaecology, special interests in minimal access surgery, pelvic floor surgery, Gynae-oncology. Educational supervisor for Benign Abdominal surgery, Urogynaecology and vaginal surgery, oncology ATSMs |
| Dr Ralph Roberts | Special interest in Reproductive Medicine and pelvic floor surgery |
| Dr Caroline Bryson | College Tutor, special interests in labour ward management, perinatal mental health, recurrent pregnancy loss, medical education. Educational Supervisor for Acute Gynaecology and Early Pregnancy, Labour Ward Lead, Advanced labour Ward Practice ATSMs |
| Dr Penny Hill | Special interest in urogynaecology, pelvic floor surgery and maternal medicine. Preceptor for Advanced labour Ward Practice, Labour Ward Lead ATSMs. Educational supervisor for Urogynaecology and Vaginal surgery, acute Gynaecology and early Pregnancy, Maternal and Obstetric Medicine ATSMs |
| Dr Kristine Steele | Special interests in reproductive medicine and outpatient hysteroscopy. Educational supervisor for Subfertility and reproductive Endocrinology ATSM. |
| Dr Sandra Mawhinney | Special interests in high risk pregnancy & medical education. |

| | |
|-----------------------------|---|
| | Advanced Antenatal care/High Risk pregnancy ATSM Educational Supervisor. |
| Dr Clodagh McElhenny | Special interests in colposcopy, outpatient hysteroscopy, and maternal medicine. Patient Safety and Governance. Colposcopy ATSM Educational Supervisor. |
| Dr John Manderson | Special interests: Sub-specialist in fetal and maternal medicine, high risk obstetrics, management of twins and ECV. Fetal Medicine ATSM Educational Supervisor |
| Dr Ramez Ayyoub | Special interests in colposcopy, Deputy Lead for Gynae-oncology. |
| Dr Roisin Hearty | Special interests include: Outpatient hysteroscopy, urogynaecology. Hysteroscopy ATSM Educational Supervisor. |
| Dr Claire Hardy | Special interests in Vulval disease and colposcopy & ATSM Preceptor - Vulva Disease |
| Dr Leah McGuckin | Special interest in office Gynaecology and colposcopy. |
| Dr Laura McLaughlin | Special interest in High risk obstetrics, labour ward management, medical education, abortion care |

College Tutor: Dr Caroline Bryson, Caroline.Bryson@setrust.hscni.net

Special interests of the present consultants include:

- Labour ward management
- Perinatal mental health (specialist obstetric clinic)
- Recurrent pregnancy loss (first specialised clinic in the Region)
- Gynaecological oncology
- Minimally invasive surgery
- Pelvic floor surgery
- Outpatient hysteroscopy
- Infertility
- Urogynaecology
- Colposcopy
- Specialised vulval disease
- Prenatal diagnosis and fetal assessment
- Abortion care
- Medical education and medical management
- Psychosexual medicine

The Consultants participate on a pro-rata basis of 1 in 12 on call rota; this provides cross cover for each other at times of unavailability. The consultants are supported at present by 7FTE specialist trainees on a registrar rota and 8 ST1-2 doctors in obstetrics and gynaecology or general practice and 3 F2 doctors. All the junior staffs work on a partial shift rota.

Specialty Doctors and Associate Specialists:

Permanent staff will also include 4.5 specialty doctor posts, at present 3 are fulltime and 2 are part time. We have secured funding for 2 further specialty doctor posts, primarily to support improved training, by providing extra antenatal, acute gynaecology and labour ward cover.

Specialist Nursing/Midwifery staff:

- Early Pregnancy Scanning service run by nurse practitioners, with responsibility to Dr Kristine Steele
- Multiple Nurse Lead Pessary Clinics
- Nurse Colposcopist
- Nurse Lead coil clinic
- McMillan Specialist nurse oncology service
- Midwifery sonography service
- Bereavement Support Midwife
- 2 Practice Development Midwives
- 2 Governance midwives
- Breast feeding Support coordinator
- Perinatal mental health specialist midwife

Operations Manager:

- Miss Tracey Erskine: tracey.erskine@setrust.hscni.net

Medical HR:

- Mrs Tracey Clarke: tracey.clarke@setrust.hscni.net

Trainee Posts

| | |
|-----------------------------------|---|
| No. O&G trainee posts: | 9 |
| No. GP training posts: | 5 |
| No. F2 posts: | 3 |

Rota pattern:

- First tier is a 1 in 8 shift system
- Second tier is a 1 in 7 shift system

Out of hours working

With 12 consultants in post we achieve 60 hour prospective consultant presence for labour ward and acute obstetrics and gynecology care by working in teams of 3 FTEs on a dedicated day of the week. When on call, the consultant will be on call for the day from 08.30 to 19.30 hrs in the hospital and from 19.30 to 08.30 the following day on call from outside the hospital (within 30 minutes maximum). Weekends will be in hospital 0900-1200 on a Saturday and 0900-1100 on a Sunday with the remainder of the weekend hours being on call from outside the hospital.

Handover arrangements:

Multi-professional labour wards handovers, written SBAR format:

- 08:30
- 13:00
- 17:00
- 20:30

Protected training time:

- Every Friday afternoon from 13:30 to 16:30. This is trainee lead and facilitated by Consultants in turn. When regional CME is on, there is a focus on GP and F2 training. Teaching includes case presentations and Journal Club
- Tuesday lunch and learn meetings: rotation of CTG/perinatal/IR meetings
- Monthly Audit and M&M meetings
- Increasing use of Specialty doctors to ensure a high level of bleep free training

Clinical duties of trainees:

Illustrative Timetable (clinical duties and regular educational sessions):

| | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
|---|-----|-----|-----|------|-----|-----|-----|
| 1 | D | D | OFF | D | N | N | N |
| 2 | N | OFF | S2 | L | S1 | OFF | OFF |
| 3 | T | N | N | N | OFF | OFF | OFF |
| 4 | D | D | L | S1 | TF | OFF | OFF |
| 5 | L | T | D | D | D | OFF | OFF |
| 6 | S1 | D | D | OFF | L | L | L |
| 7 | OFF | L | S2 | T | D | OFF | OFF |

ST1/ST2 Full Shift 1:8 Rota

| | Mon | Tue | Wed | Thur | Fri | Sat | Sun |
|---|-----|-----|-----|------|-----|-----|-----|
| 1 | L | D | D | D | D | OFF | OFF |
| 2 | D | L | D | D | S1 | OFF | OFF |
| 3 | D | D | D | D | D | OFF | OFF |
| 4 | S1 | D | L | OFF | N | N | N |
| 5 | N | OFF | OFF | D | D | OFF | OFF |

| | | | | | | | |
|---|----|---|----|---|-----|-----|-----|
| 6 | S1 | D | S1 | D | L | L | L |
| 7 | S1 | D | D | L | S1 | OFF | OFF |
| 8 | D | N | N | N | OFF | OFF | OFF |

Educational Opportunities: As above.

Specialist services within this placement: As above.

Particular Strengths of this placement:

- Placed 3rd overall for training in United Kingdom RCOG TEG feedback 2016/2017 and within the top 10 2019/2020
- Wide variety of Special Interests, busy unit
- Within the Top 10 performing Units for detection of SGA within the UK in 2020
- Supportive Consultant Team
- Quality training supported by Senior Trust Management
- On site hospital crèche
- Excellent Health and Wellbeing programme

A Trainees Perspective – Adam Brown (ST3)

Obstetrics:

Obstetric training in the South-Eastern Trust is predominantly based in the Ulster Hospital, with peripheral antenatal clinics being held in Downe Hospital and Lagan Valley Hospital. Through dedicated clinics, trainees participate in the management of pregnancies of various risks, including:

- *Gestational and pre-existing diabetes mellitus*
- *Placental Pathology*
- *Obstetric Haematology*
- *Multiple Pregnancy*
- *Perinatal Mental Health*
- *Fetal Medicine*

This outpatient experience facilitates completion of many areas of the RCOG e-Portfolio, as well as providing opportunities to undertake obstetric-based ATSM's.

Trainees are based within the Ulster Hospital to provide intrapartum and unscheduled care. The unit can be busy, with upwards of 4300 deliveries per year. These deliveries can vary from low risk pregnancies, typically managed in the alongside midwifery led unit (Home from Home), through to complex deliveries including twin and vaginal breech delivery and complex Caesarean sections. This enables trainees of all grades to achieve RCOG curriculum and labour ward ATSM competencies.

On call shifts are notoriously busy in the South-Eastern Trust. Typical shifts will include a two-tier rota managing labour ward, the Emergency Obstetric Unit and assessing gynaecology referrals from the Emergency Department. Consultants are aware that such shifts can be demanding, and as such are approachable and supportive of trainees within the unit, creating opportunities for teaching and assessment at all levels of training.

Gynaecology:

Gynaecology training opportunities are provided in the form of outpatient clinics and procedures, acute gynaecology referrals, and inpatient operating lists. Outpatient clinics allow trainees to attend general gynae, and sub specialist clinics, including recurrent pregnancy loss, subfertility, psychosexual medicine and vulval disease. Busy outpatient hysteroscopy clinics run in the Ulster and Lagan Valley, as well as red flag clinics and colposcopy. This allows trainees to address most parts of the RCOG logbook and undertake gynae ATSM's.

Typically, inpatient operating lists run several times per week with trainees of all grades encouraged to attend. As with all Trusts, COVID has impacted on the surgical experience of all trainees. Consultants have been aware of this within the Ulster and have encouraged trainee participation to improve surgical experience during this pandemic.

Teaching:

Formal twice weekly teaching takes place within the Ulster – this is trainee led with consultant oversight and is aimed at both O+G and GP training. More O+G specific training takes places monthly in the form of benign gynae, perinatal and CTG teaching sessions. Attendance at CME, courses and conferences is encouraged and the rota coordinator will make efforts to facilitate this. Less formal teaching takes place frequently, typically in a clinic, labour ward, or theatre setting, where consultants are available to discuss management or observe performance

Teaching and Learning opportunities

The Ulster offers weekly trainee-led teaching. Weekly departmental meetings also run – including CTG, perinatal, M&M and benign gynae – which trainees attend and participate in. Clinical duties are also carefully coordinated around regional CME teaching, ensuring that trainees can attend without compromising clinical exposure. The Ulster as a unit is also keen to support trainees undertaking exams or other courses, and will always endeavour to grant study leave and support for such continued professional development where possible. The Ulster has an active audit department, keen to support clinical audit projects undertaken by trainees, which can then be presented at monthly QI meetings. Queen's University Belfast has links with the Hospital, sending fourth and final year medical students to rotate through the Ulster. This gives trainees the opportunity to participate in undergraduate teaching and develop an interest in medical education.

COVID 19 pandemic: As a result of the pandemic, an urgent Gynae referral system from ED has been set up, which has taken acute Gynae referrals out of the acute gynae ward, with a demonstrated reduction in out of hours pressure on trainees. These women are triaged by senior doctors within 48 hours and seen the same week if needed by a consultant gynaecologist, ensuring that women get timely and senior gynaecological intervention if needed.

Caroline Bryson, College Tutor

Date of completion: January 2021

Southern Health & Social Care Trust

Craigavon Area Hospital

Craigavon Area Hospital is a Large District General Hospital with high-risk labour ward, good range of gynaecological surgery, ambulatory gynaecology and fertility services.

Unit size (no. deliveries/year): 4000 approx.

Sites incl. peripheral units:

- Craigavon Area Hospital
- South Tyrone Hospital -Dungannon (Outpatients & Day Surgery)
- Armagh Community Hospital (Outpatients)
- Daisy Hill Hospital -Newry (Day Surgery Unit)

No. Consultants (full time equivalent): 10

College tutor: Dr Edgar Boggs: edgar.boggs@southerntrust.hscni.net

Consultant staff:

| Consultant | Roles/Special Interests | Educational supervisor | Clinical Supervisor |
|---------------------|--|------------------------|---------------------|
| Dr Adams | Risk Management. Perinatal mental health. Feto-maternal Medicine. Labour Ward. | * | * |
| Dr Boggs | College Tutor. Urogynaecology. Outpatient & Operative hysteroscopy. Minimal access gynaecology surgery. | * | * |
| Dr Currie | Clinical Director. Colposcopy. Gynaecology oncology. | * | * |
| Dr Henderson | Twin Clinic. High Risk Obstetrics. | | * |
| Dr Knox | Fertility. Outpatient and operative hysteroscopy. Minimal access gynaecology surgery. | * | * |
| Dr McCormick | Fertility. Minimal access gynaecology surgery. | | * |
| Dr McCracken | Urogynaecology. Minimal access gynaecology surgery. Gynaecology Oncology. | | * |
| Dr McKeown | Labour Ward Lead. Colposcopy. | | * |
| Dr Niblock | Minimal access gynaecology surgery. | | * |
| Dr Shahid. | Colposcopy lead. | | |

Specialty doctors and associate specialists:

| Speciality Doctor | Special Interests/Roles |
|-------------------|---|
| Dr Finnegan | Early Pregnancy. Antenatal diabetic clinic. Outpatient hysteroscopy. Recurrent Miscarriage. |
| Dr Hadjieva | Family Planning. Early Problem Pregnancy Clinic. Twin Clinic. |
| Dr Forbes | Antenatal clinic & Early Pregnancy. |

Specialist Nurses/Midwives:

| Specialist Nurses/midwives | |
|----------------------------|-------------------------------------|
| MW Donna McLoughlin | CTG Coordinator |
| SN Sharon Quinn | Gynaecology cancer specialist nurse |

Medical admin liaison:

- Miss Kelly Wylie: Kelly.Wylie@southerntrust.hscni.net

Medical liaison ST Senior Registrar from (Aug 2021):

- Dr Michael Graham: Michael.Graham@southerntrust.hscni.net

| | |
|------------------------|------------------------|
| No. O&G trainee posts: | 2 x ST1-2 & 8 x ST3-7. |
| No. GP training posts: | 5 |
| No. F2 posts: | 1 |

Rota pattern:

- Currently there is a 1 In 7 person shift Band 2A Rota.

Consultant of the week runs Fri 1300 hrs to Fri 1300hrs on a 0830hrs to 1700hrs basis. This provides excellent continuity of care and consistent management decision making for trainees to learn from.

Registrar (sample):

| Week | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------|--------|---------|-----------|----------|--------|----------|--------|
| 1 | - | - | D1 | D | N | N | N |
| 2 | OFF2 | OFF | D | D | D | OFF | OFF |
| 3 | D3 | D | D | D | D | OFF | OFF |
| 4 | N4 | N | N | N | OFF | OFF | OFF |
| 5 | D5 | L | OFF | D | D | L | L |
| 6 | D6 | OFF | D | L | D | OFF | OFF |
| 7 | D7 | D | L | D | L | OFF | OFF |

Date of Completion: July 2021

ST1/2 (sample):

| Week | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------|--------|---------|-----------|----------|--------|----------|--------|
| 1 | - | - | D | D | L | - | - |
| 2 | D | D | D | D | D | - | - |
| 3 | N | N | N | N | - | - | - |
| 4 | D | D | D | D | D | - | - |
| 5 | L | D | D | - | D | L | L |
| 6 | D | - | L | D | D | - | - |
| 7 | D | L | D | L | D | - | - |
| 8 | D | D | D | - | N | N | N |

Handover arrangements:

- Registrars lead handover at 0830hrs night team to day team
- 2nd handover is at 2030 hrs to the night team
- Informal handovers or updates will occur at 1300hrs and 1700hrs if there is staff change
- (Consultant present on labour ward Mon –Thurs 0830hrs to 2100hrs. Fri 0830hrs to 1830hrs, Sat & Sun 0900hrs to 1100hrs)

Protected training time:

- Oncology MDT: Tue 1300hrs
- Postgraduate formal teaching: Wed 1300hrs
- CTG & Governance: Thurs 1300hrs
- Regional CME: Fri 2pm

Clinical duties of trainees:

- Participate in general O&G on-call rota
- Admit and manage women with common O&G problems, seeking senior support where appropriate
- Attend twice daily formal handover
- Participate in consultant led ward rounds
- Senior trainees are expected to lead ward rounds
- Complete ward duties including on-going management of acute problems
- Attend theatre sessions (inpatient and day case)
- Attend outpatient hysteroscopy clinics per week
- Attend general and specialist OPDs; fertility, colposcopy.
- Participate in an audit or clinical governance project
- Attend and contribute to formal teaching sessions
- Demonstrate critical reading and application of evidence based medicine
- Contribute to the teaching of undergraduate medical students
- Senior trainees are expected to demonstrate clinical leadership by: ensuring efficient running of the ward including administrative duties; planning discharges; leading handover; preparing weekly grand round; supervising junior trainees
- Work towards appropriate exams

- Arranging meetings with supervisors and colleagues to complete e-portfolio in timely fashion

Educational Opportunities:

7 Main Theatre lists and 4 Day Procedure Lists per week, trainees favouring gynaecology ATSM's have achieved competency on a wide range of procedures in Craigavon, with an emphasis on Minimally Invasive techniques.

ATSM provision:

- Benign Abdominal Surgery - Open & Laparoscopic (Dr McCormick –preceptor, Dr McCracken – Ed Supervisor)
- Urogynaecology & Vaginal Surgery (Dr McCracken – Ed. Supervisor)
- Subfertility and Reproductive Endocrinology (Dr Knox – Ed. Supervisor)
- Oncology (Dr McCracken – Ed. Supervisor)
- Colposcopy (Dr Shahid & Dr Currie - Ed. Supervisors)
- Acute Gynaecology and Early Pregnancy (Dr Currie - Ed. Supervisor)
- Hysteroscopy (Dr Boggs - Ed. Supervisor)
- Labour Ward Lead (Dr Adams & Dr McCormick – Ed. Supervisors)
- Advanced Labour Ward Practice (Dr Adams – Preceptor, Dr McCormick – Ed. Supervisor)

Specialist services within this placement:

- Fertility clinics with IUI.
- 3 Outpatient hysteroscopy clinics per week with Truclear polypectomy
- Colposcopy
- Family Planning Clinics
- Recurrent Miscarriage Clinics
- Day Obstetric Unit – consultant provided high risk antenatal care

Particular Strengths of this placement:

Surgical experience is a cohesive unit with consistent management approach. Open to evidenced based discussions on patient clinical care.

Regional rota gaps a consistent problem however the Trust is supportive of providing external locums – this protects daytime training opportunities.

60 hour consultant labour wards presence. The on-call consultant will be present in the hospital from 17.00 -21.00 Mon- Thurs and until 18:30 on Friday as well as Sat and Sun mornings 9-11.

A trainee's prospective:

Craigavon is a well-run and co-ordinated busy district general hospital. It provides excellent opportunities with enthusiasm making it possible to achieve not only the basics in obstetrics and gynaecology but also the opportunity to achieve at the advanced curriculum level in both obstetrics and gynaecology.

It can provide a good placement for ATSM skill provision in benign gynaecology including colposcopy, hysteroscopy, fertility, early pregnancy, labour ward lead and high risk obstetrics. The unit is led by a cohesive group of consultants who encourage trainee participation in clinical care, audit, governance and guideline development.

Consultants are approachable and proactive in trainee mentorship. With a dedicated elective surgical ward theatre lists are rarely cancelled, maximising surgical training. Winter theatre reductions do occur as per all units in Northern Ireland, but adequate training opportunities are maintained.

Distance between peripheral clinics is more challenging without own transport, but often it is possible to get assistance from colleagues.

Date of completion: January 2019

Craigavon Area Hospital Illustrative Timetable (Unavailable)

Southern Health and Social Care Trust

Daisy Hill Hospital

Brief description of unit:

- District General Hospital with 24 hr ED.
- Has an HDU facility.
- General obstetrics/gynaecology.

Unit size (no. deliveries/year): 1800 approx.

Sites incl. peripheral units:

Daisy Hill Hospital is the main site with outlying clinics in Killeel HC, Crossmaglen HC, Armagh Hospital and Banbridge Hospital. These clinics are not usually attended by trainees.

No. Consultants (full time equivalent): 7

College tutor: Karen Mc Kinney: Karen.mckinney@southerntrust.hscni.net

Consultant staff:

| <u>Name</u> | <u>Specialty</u> |
|-----------------------------|---|
| Mr Sim | High risk Obstetrics/twin clinic |
| Dr K McKinney | Menopause; Educational/clinical supervisor |
| Dr K Loane | Risk management/labour ward lead/Urogynae; Educational/clinical supervisor |
| Dr M Kamath | Clinical director/colposcopy; Educational/clinical supervisor |
| Dr J Acheson | Colposcopy/ Risk management |
| Dr Chinnadura | Urogynaecology/ Undergraduate supervisor |
| Dr Sharma | Outpatient hysteroscopy/ Laparoscopic surgery/EPPC lead |
| Mr De Courcy Wheeler | Urogynaecology/audit/ High risk obstetrics |

Specialty doctors:

| <u>Name</u> | <u>Specialty</u> |
|--------------------|--|
| Dr El Hayes | IT systems in obstetrics and gynaecology |
| Dr Verani | Undergraduate Supervisor/ Psychosexual medicine |
| Dr S'solias | Fetal medicine |
| Dr Zarandi | Acupuncture service for hyperemesis-gravidarum; General Obs/gynae |
| Dr Anand | General Obs/Gynae |
| Dr Hinds | General Obs/Gynae |

Specialist Nurses/Midwives:

| | |
|---------------------|------------------|
| MW Donna McLoughlin | CTG Coordinator |
| Sister C Murphy | USS lead midwife |

Medical admin liaison:

- Marie Evans: marie.evans@southerntrust.hscni.net

Trainee Posts

| | |
|------------------------|------------------------|
| No. O&G trainee posts: | 5 (usually 3 trainees) |
| No. GP training posts: | flexible 1 |
| No. F2 posts: | 2 |

Rota pattern:

- 1st on call rota 6 people shift band 2A
- 2nd on call rota 7 person shift (Weekend days & Saturday night are locum) for General O&G Band 1a.

Handover arrangements:

There is a written handover at 9am, 1pm, 5 pm and 10pm.

Protected training time:

2 hours per week for teaching, study leave facilitated and regional CME.

Clinical duties of trainees:

- Participate in general O&G on-call rota
- Admit and manage women with common O&G problems, seeking senior support where appropriate
- Attend formal handover as per rota
- Participate in consultant led ward rounds
- Senior trainees are expected to lead ward rounds
- Complete ward duties including on-going management of acute problems
- Attend theatre sessions
- Attend general and specialist OPDs
- Participate in an audit or clinical governance project
- Attend and contribute to formal teaching sessions
- Demonstrate critical reading and application of evidence based medicine
- Contribute to the teaching of undergraduate medical students

- Senior trainees are expected to demonstrate clinical leadership by: ensuring efficient running of the ward including administrative duties; planning discharges; leading handover; supervising junior trainees
- Work towards appropriate exams
- Arranging meetings with supervisors and colleagues to complete e-portfolio in timely fashion

Regular Educational Sessions

| Day/Event | Description |
|---|--|
| Wed 1:15pm | Topics from curriculum presented by F2/ST1-2/middle grades Mr O'Hare (Consultant Obs & Gynae retired) facilitates via zoom coordinated by Dr Mc Kinney |
| Tuesday 1PM | Antenatal Education Room. Organised by Dr McKinney, includes CTG meetings, journal club and risk management sessions. Teaching via zoom at present |
| PROMPT: | Training day 08:30 to 17:00. Approx. 8 times per year Co-ordinated by Dr Loane - via zoom at present |
| Rolling Audit calendar/M&M monthly | Audit coordinator: Richard De Courcy Wheeler Joint perinatal meetings with CAH |
| CTG online training | Donna McLoughlin, CTG co-ordinator. |
| Up-to-date database | Available on hospital intranet - evidence based medicine |

Educational Opportunities:

Specialist services within this placement: colposcopy, early pregnancy assessment clinic, menopause, high risk obstetric clinic, twin clinic, outpatient hysteroscopy

Particular Strengths of this placement:

There are a smaller number of trainees competing for experience. There are experienced speciality doctors and a motivated team of senior clinicians. Study leave is facilitated in the majority of cases. We have introduced COW, with a dedicated consultant in labour ward 9 to 5 pm Monday to Friday, which enhances the trainees learning opportunities.

A trainee's prospective:

Trainee No 1

I am very grateful for all that I have learnt here in DHH and have really enjoyed my time. I have learnt a lot from all the staff and hopefully I will be able to return if I go into O & G training!

Trainee No 2

I had access to clinics / theatres / procedures. I was delighted with the feedback and level of support I received from staff. I found the teaching fantastic. The department was trainee focused and supportive to me.

Trainee No 3

I had good exposure to elective caesarean section sessions, some emergency sections and evacs although with instrumental deliveries there were low numbers during my sessions. Good opportunities with clinical experience working with my attached staff grade out of hours. Gynae surgery limited due to COVID. I presented at teaching sessions and audit. I was involved in updating PPRM guidelines. I was supervised at GOPD as these were consultant led due to COVID. I was supervised in gynae USS and endometrial biopsy and had opportunities for WBA's. I attended ANC both supervised and working independently and this enabled me to completed USS scanning OSAT's, WBA's and discuss cases with the consultant.

Date of completion: April 2021

Trainee No 4

I had a wonderful experience while working in DHH. Most of my colleagues both senior and junior, midwives, nurses and other staff (clerk, porter, cleaner etc) were friendly and supportive. I also had brilliant supervisors (educational & clinical) who looked out for my well-being, monitored my training progress and ensured I was well supported and getting better in terms of knowledge and clinical skills. Not to forget, the teachings I attended and the ones I was made to participate in helped to improve my knowledge on some topics in O&G. Overall I had wonderful time in DHH!

Trainee 5

My experience in Daisy Hill Hospital is going well. I would like to thank my educational supervisor so much for guidance and advice. They really have been a great support to navigate my learning experience. I want to thank them especially for showing me how to use e portfolio and teaching me to link Cips by emailing and reminding. Most of all, I would like to thank my educational supervisor for helping me with my audit.

Teaching sessions in Daisy Hill hospital are valuable. Tuesday's teaching done by consultants is very informative. SHOs on call on Wednesday do teaching in the afternoon, supervised by Mr O'Hare. These teaching sessions are really helpful and enlightening. I really enjoy Mr O'Hare's teaching were he discuss each slide by providing additional information and sharing his experience and recent updates.

Although I did not get hands on experience in Gynae Surgery because of the Pandemic, which I assume is the same everywhere; I got good opportunities for CS. I have only been able to do 1 instrumental because of which I am very concerned. I have raised my concern with my clinical and education supervisor and the rota coordinator and we are planning to work on it.

My clinical supervisor has been very supportive and helpful. She frequently asks about my training needs. She has supervised and taught me Obstetric scanning. Re colleagues; everyone is helpful and approachable. I really feel very blessed to be able to train here with all the professional expertise; everyone very friendly and helpful.

Western Health & Social Care Trust

Altnagelvin Hospital

Altnagelvin Hospital is the largest district general hospital in Northern Ireland and has the widest range of specialties outside Belfast. It is one of the hospitals in the Western Health and Social Care Trust (WHST). <http://www.westeritrust.hscni.net/AltnagelvinHospital.htm>.

Altnagelvin is based on the outskirts of Derry City and provides services to approximately 300,000 people. The hospital is currently undergoing a major refurbishment programme and service modernisation.

The O+G department is based in the new South wing of the Hospital with excellent and modern facilities for both staff and patients.

Image <http://www.westeritrust.hscni.net/AltnagelvinHospital.htm>



The O+G department consists of:

Antenatal ward (Ward 45)

- 11 antenatal beds
- The Lavender Suite which is a specialised bereavement suite

Labour ward (Ward 48) - 5 delivery rooms

Midwifery Led Unit - 8 delivery rooms including a birthing pool

Gynaecology Ward (Ward 43) - 12 inpatient beds including 8 individual rooms on the ward

Ambulatory Gynae Unit adjacent to ward 43 encompassing:

- Early Pregnancy Clinic including an adjacent quiet room
- Outpatient Hysteroscopy/Colposcopy clinics
- Urodynamics and Urogynae nurse led clinic
- Dedicated assessment room for ward attenders

Unit size (no. deliveries/year): 3000 approx.

Sites incl. peripheral units:

Outpatient clinics in both Obstetrics and Gynaecology are held in Altnagelvin Area Hospital, Roe Valley Hospital (Limavady) and at Health Centres in Dungiven and Strabane

Department of Obstetrics & Gynaecology: Staff

The O&G Department has 9 full time Consultants and 3 Trust Grade Doctors and the unit benefits from having an established and experienced senior staff team.

Department of Obstetrics & Gynaecology: Staff

The O&G Department has 9 full time Consultants and 3 Trust Grade Doctors and the unit benefits from having an established and experienced senior staff team.

College tutor: Dr Meabh Cosgrove meabh.cosgrove@westerntrust.hscni.net

| <u>Name</u> | <u>Specialty</u> |
|--|---|
| <u>Dr Jackie Cartmill</u> | Fetal/Maternal medicine |
| Dr Meabh Cosgrove (College Tutor) | Gynae Oncology |
| Dr Sharon Fallows | Gynae Oncology |
| Dr Kevin Glackin | Fetal/Maternal Medicine |
| Dr Sandra McNeill | Urogynaecology |
| Dr Iris Menninger (Clinical Director) | Benign Gynae/ Endometriosis/Colposcopy |
| Dr Jim Moohan | Endometriosis/Infertility |
| Dr John McDonald | Labour Ward/Maternal Medicine |
| Dr Colin Prendergast | Benign Gynae/Urogynae/Specialist interest in minimal access surgery |

Trust Doctors

| <u>Name</u> | <u>Specialty</u> |
|-------------------------------------|---|
| Dr Niamh Doherty | Rota co-ordinator |
| Dr Rimantas Jocius, Post CCT | Early Pregnancy |
| Dr Sheetal Gandhi | Colposcopy/OP Hysteroscopy/Red Flag Gynae |

Specialist Nursing/Midwifery Staff:

- Bereavement midwife
- Urodynamics/prolapse nurse specialist
- Clinical risk midwife
- Gynae-oncology nurse specialist
- Endometriosis nurse

Medical Admin Liaison Officers:

| Department | Name | Contact Details |
|---------------------------------|-------------------|--|
| Travel and Accommodation | Michael McKeegan | Michael.McKeegan@westerntrust.hscni.net |
| Senior Manager | Ms Sinead Doherty | Sinead.Doherty@westerntrust.hscni.net |
| Administrator | Ms Alison Warke | Alison.Warke@westerntrust.hscni.net |
| Clerical Officer | Mrs Louise Temple | Medical.Education@westerntrust.hscni.net |

Trainee Posts

| | |
|-----------------------------------|----------------------|
| No. O&G trainee posts: | 8 (ST3-7); 4 (ST1-2) |
| No. GP training posts: | 2 |
| No. F2 posts: | 2 FY2 |

Rota pattern:

- Trainee rotas are an 8 line rota with a 1A banding and operate a 2 tier system.
- Average hours <48 hours with 30% OOH component
 - D 09:00 – 17:00
 - H 09:00 – 13:00 / 13:00 – 17:00
 - L 08:45 – 21:15
 - N 20:45 – 09:15

Usually long day Monday is covered by Dr Doherty and long day Friday is covered by Dr Jocius unless they are on leave.

Example of Rotas:

| ST3+ ROTA | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|------------------|------------|-------------|------------|--------------|------------|------------|------------|
| Doctor 1 | D | L | H | OFF | N | N | N |
| Doctor 2 | OFF | H | L | D | D | OFF | OFF |
| Doctor 3 | D | D | D | H | L/D | L | L |
| Doctor 4 | D | D | D | L | H | OFF | OFF |
| Doctor 5 | D | D | D | D | D | OFF | OFF |
| Doctor 6 | D | D | D | D | D | OFF | OFF |
| Doctor 7 | L/D | D | D | D | H | OFF | OFF |
| Doctor 8 | N | N | N | N | OFF | OFF | OFF |

| F2/ ST1&2 | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|----------------------|------------|-------------|------------|--------------|------------|------------|------------|
| Doctor 1 | L | D | D | L | H | OFF | OFF |
| Doctor 2 | N | N | N | N | OFF | OFF | OFF |
| Doctor 3 | D | D | H | OFF | L | L | L |
| Doctor 4 | H | D | D | D | D | OFF | OFF |
| Doctor 5 | D | D | D | D | D | OFF | OFF |
| Doctor 6 | D | L | D | D | D | OFF | OFF |
| Doctor 7 | D | D | D | H | N | N | N |
| Doctor 8 | OFF | H | L | D | D | OFF | OFF |

Leave:

College Tutor (Dr Menninger) and Rota Co-coordinator (Dr Doherty) will co-ordinate annual and study leave.

Leave is requested via email:

- Iris.menninger@westerntrust.hscni.net
- obsrotaderry@gmail.com

The master Rota and junior doctors annual leave calendar can be viewed on-line.

Protected training time:

Wednesday a.m. is designated for teaching unless you are on call. The department has limited clinical sessions on Friday afternoons to allow attendance at CME

Clinical Duties of trainees:

O+G in Altnagelvin offers excellent training opportunities throughout both obstetrics and gynaecology:

- When covering LW or gynae ward all trainees attend daily handovers
- ST3+ Deliver handover with opportunity for ST2 trainees to lead handover later in year
- When covering LW Registrar and SHO complete elective C-section list (usually 2 ELCS per day)
 - Good opportunity for junior trainees to complete C-sections under senior trainee/consultant supervision
 - Opportunity for senior trainees to have consultant supervision for complex cases
- When on call overnight assess the inductions in morning regarding suitability for LW
- Valuable examination experience for ST1-2s
- Participate in ward rounds and as ST3+ opportunity to lead ward rounds
- On call/OOH Registrar holds on call bleep (8441) and referral bleep (8205), ST1-2 holds on call bleep (8440)
 - On call team covers LW, AN/PN, FMAU, gynae ward and gynae ward attenders.
- Trainees attend ANC and GOPC on site and in peripheral sites (mix of ANC and GOPC each week)
- Attend Gynae theatre at least once per week
- Opportunity to run EPC ST3+ and attend EPC as supernumerary for ST1-2.
- Opportunity to attend specialist sessions;
 - Hysteroscopy
 - Twin clinic
 - PUC
 - Endometriosis clinic
- When covering gynae ward review ward attenders
- Attend and lead Wednesday morning teaching session
- Trainees encouraged to take membership exams and attend courses relevant to training;
 - Study leave facilitated within unit
 - Opportunities for a wide variety of quality improvement projects
- Informal monthly meetings to discuss progress

Educational Opportunities:

Trainees benefit from a wide range of educational opportunities including:

- Audit/Quality improvement projects within both obstetrics and gynaecology
- Opportunity to take part in StepWest
- Ultrasound simulator – transvaginal and obstetric ultrasound simulator. Sessions are timetabled on the rota to allow for this. A certificate can be awarded following completion
- Protected Wednesday morning teaching – trainee/consultant led;
 - Consultant led bed side teaching
 - M+M meetings
 - CTG meetings

- Perinatal meetings-Held jointly with paediatrics
- Topic teaching-Trainee led
- CME – trust doctors cover Friday evening to allow trainees to attend
- Teaching diploma
- PROMPT run regularly throughout the year on site

Specialist Services within this placement:

- Further opportunities for more specialist training include:
- Gynae-oncology;
 - Specialised GOPC
 - Theatre
- Feto-Maternal Medicine
 - ANC (Tuesday pm/Thursday am)
 - Perinatal Ultrasound Clinics (twice weekly)
 - Twin clinic (weekly)
- Uro-gynaecology service
 - GOPC
 - Nurse led Urodynamics, Pessary Clinic, PTNS, bladder instillations
 - Weekly Theatre –DPU and main theatre
- Endometriosis service
 - Dedicated OP clinic and supported by the Endometriosis Nurse specialist
 - Weekly Theatre

Particular Strengths of this placement:

Under the guidance of a well-established and highly experienced senior clinical team trainees' experience:

- Good mix of obstetrics and gynaecology
- Gynae oncology/Fetal medicine on site
- Peripheral clinics all within 30min of base hospital
- At least one day gynae operating per week
- Full year spent in one unit allowing you to develop skills and build confidence
- Fetal assessment – Staffed by scanning midwives
- Busy (but manageable) labour ward
- NNU – Minimal transfers out
- Referral bleep – Held by consultants in hours, ST3+ out of hours. Clear protocols in place with GP and A+E regarding appropriate referral pathways
- Weekly Rapid access acute gynae clinic, red flag gynae clinic and outpatient hysteroscopy lists which optimise outpatient care and reduce ward attenders
- Obstetrics and gynae wards within 1minute from each other in same building

A trainee's prospective:

The Social Aspect:

- *Derry is a small, welcoming and buzzing City, with lots of culture and craic. There are a wide mix of reasonably priced restaurants, friendly cafes and bars (NHS discount available)*
<http://www.visitderry.com>
- *Onsite hospital accommodation for a halls experience or comfortable and reasonably priced private accommodation within 5 minutes from the hospital*
- *Travel and rent reimbursement*
- *Only 1hr30mins from Belfast and some clinics are on the way from Belfast if that's your base and CME on a Friday is then on the way home*
- *Beautiful outdoor walks – Including Peace Bridge, Derry Walls, Greenway, St Columb's Park*
- *Derry Halloween **<http://derryhalloween.com>***
- *Great local gyms (both DW and Foyle arena offer NHS discount)*
- *Moviebowl cinema-Movies and more*
- *Millennium forum offering wide range of shows/concerts*
- *Near Donegal–Beaches for walks and surfing, mountains to admire or climb*

<http://www.govisitdonegal.com>



Image <http://derryhalloween.com>

Image <http://visitderry.com>



The Training Aspect

This is a friendly, welcoming unit which offers excellent support for trainees at all levels. Under the leadership of the experienced and senior team trainees are supported to complete their training requirements.

The unit offers trainees the opportunity to address all aspects of the logbook and training matrix with:

- *Highly skilled midwives and an efficiently run labour ward*
- *High risk obstetrics*
- *Wide mix of Gynaecology within the unit*

Specifically for ST1/2

- *Opportunity for labour ward days at least weekly with staff grades and also consultants on site (this is great for OSATS and logbook items)*
- *Scheduled sessions in EPPC to develop scanning skills*
- *Rota organised to optimise time on labour ward to develop basic obstetric skills*
- *Opportunity to attend DPU for basic Gynae surgery as well as more complex main theatre cases*

For ST3+

- *Paired with a consultant meaning you quickly get to know your capabilities allowing more opportunities for OSATS and to develop experience in clinics and theatre*
- *ATSMs provided on site*
- *Regular labour ward with the opportunity for consultant supervision as needed*
- *Variety of specialist services from clinics and OP hysteroscopy to theatre allowing development of specialist interest within training*



Altnagelvin Illustrative Timetable:

| Obstetrics & Gynaecology Rota | | | | | | | | | | | | | | | |
|-------------------------------|---------------------------------|-------------------|---|---|-------------------------------|--------------------------|------------------------------|-------------------------------|-------------------|--|----------------------------------|-------------------------------|---|----------------------|-----------------------------------|
| wk | Morning | | | | | | Afternoon | | | | | | | | |
| | Labour ward Ward 45/46 | Gynae Ward Ward 4 | Antenatal Clinic | Gynae Clinic | Theatre DESU/ | Special | ATSM / Audit Admin | Labour ward Ward 45/46 | Gynae Ward Ward 4 | Antenatal Clinic | Gynae Clinic | Gynae Theatre DESU Level 7 | Special Session | ATSM / Audit / Admin | On call 20:45 - 09:15 |
| Mon | McDonald ST3+ F2/ST1-2 | ST3+ F2/ST1-2 | McNeill SD ST3+ Roe Vahey Fallows ST3+ | Glackin ST3+ F2/ST1-2 | | Hysteroscopy Moohan | | Menninger ST3+ F2/ST1-2 | ST3+ F2/ST1-2 | Moohan ST3+ ST3+ | | | EPPC SD | F2/ST1-2 | Menninger ST3+ F2/ST1-2 |
| | Post-natal F2/ST1-2 | | | | | | | | | Strabane HC Prendergast ST3+ F2/ST1-2 | | | Colposcopy SD | | (17:00-21:15) ST3+ F2/ST1-2 |
| Tues | Prendergast ST3+ F2/ST1-2 | ST3+ F2/ST1-2 | Cosgrove ST3+ ST3+ | McDonald ST3+ ST3+ | | | USS Sim F2/ST1-2 | McDonald ST3+ F2/ST1-2 | ST3+ F2/ST1-2 | (Glackin) ST3+ ST3+ F2/ST1-2 | | | EPPC ST3+ | | Prendergast ST3+ F2/ST1-2 |
| | Post-natal F2/ST1-2 | | | | | Colposcopy Menninger | Foundation Teaching F2 | Post-natal F2/ST1-2 | | | | | Colposcopy SD | | (17:00-21:15) ST3+ F2/ST1-2 |
| Wed | Moohan ST3+ F2/ST1-2 | ST3+ F2/ST1-2 | | TEACHING F2/ST1-2 ST3+ | | HSG SD | | Moohan ST3+ F2/ST1-2 | ST3+ F2/ST1-2 | | Fallows ST3+ F2/ST1-2 | Cosgrove F2/ST1-2 | EPPC ST3+ F2/ST1-2 | | Moohan ST3+ F2/ST1-2 |
| | Post-natal F2/ST1-2 | | MW Booking O'Neill | | | Hysteroscopy SD | | Post-natal F2/ST1-2 | | | Strabane HC Menninger ST3+ | | Red Flag SD | | (17:00-21:15) ST3+ F2/ST1-2 |
| Thurs | Fallows ST3+ F2/ST1-2 | | McDonald SD F2/ST1-2 | Roe Vahey SD ST3+ | Moohan ST3+ | | | McNeill ST3+ F2/ST1-2 | F2/ST1-2 | Multiple Clin McDonald SD | Cosgrove ST3+ F2/ST1-2 | Menninger ST3+ F2/ST1-2 | EPPC ST3+ | | Fallows ST3+ F2/ST1-2 |
| | Post-natal F2/ST1-2 | | | Dungiven McNeill ST3- | Doherty | | | | | | | | Colposcopy Fallows | | (17:00-21:15) ST3+ F2/ST1-2 |
| Fri | Cosgrove SD F2/ST1-2 | | Menninger SD ST3+ | Prendergast ST3+ F2/ST1-2 | Fallows ST3+ | Perinatal USS Glackin | | Glackin SD F2/ST1-2 | ST3+ ST3+ | Colposcopy SD | | | EPPC SD | CME/CPD | Glackin ST3+ F2/ST1-2 |
| | Post-natal F2/ST1-2 | | | | Moohan (DPU) ST3+ | Colposcopy SD | | | | | | | | | (17:00-21:15) ST3+ F2/ST1-2 |
| Sat | Cos Glackin | | DAY 08:45 - 21:15 ST3+ F2/ST1-2 | NIGHT 20:45 - 09:15 ST3+ F2/ST1-2 | | Leave : | | | | | | | Teaching | | |
| Sun | Cos Glackin | | DAY 08:45 - 21:15 ST3+ F2/ST1-2 | NIGHT 20:45 - 09:15 ST3+ F2/ST1-2 | | | | | | | | | Wednesday Morning Teaching 09:30 - 10:30 Breakfast Club 10:00-10:45 Skin Problems in pregnancy 11:00 - 11:45 Bedside Teaching Cancelled 11:45 - 12:30 O&G M&M Cancelled | | |
| Bleeps | Emergency Team Contact 6000 | Consultant | ST3 + 8441 | F2/ST1-2 8440 | O&G Referral bleep 8205 | | | | | | | | Regional CME Conflict and Assertiveness | | |

Completion date: Jan 19

Western Health and Social Care Trust

South West Acute Hospital

The southern sector of the Western trust provides services to a population of approximately 115,000 and is responsible for the provision of a complete range of Health and Social Care services in hospital and in the community. The South West Acute Hospital is a large teaching hospital located in Enniskillen, County Fermanagh, Northern Ireland. It opened on 21 June 2012 following the closure of the Erne Hospital. The hospital is unique in that it is the first hospital in Northern Ireland with single side rooms.

South West Acute Hospital is a university teaching hospital for both Queen's University Belfast and the Royal College of Surgeons of Ireland. The acute hospital provides up to 312 in patient and day case beds. The hospital delivers a wide range of services including acute medicine, surgery, older people and paediatric services; imaging and diagnostics and consultant led maternity services. There is also staff accommodation in the new development.



The maternity department is located on the first floor of the state-of-the-art single room South West Acute Hospital.

Unit size (no. deliveries/year): 1300 approx.

Sites incl. peripheral units:

There are two hospitals in the southern sector of the Western trust which are 27 miles apart. The South West Acute hospital in Enniskillen is the main site providing antenatal, labour ward and maternity inpatient care. Inpatient and ambulatory gynaecology lists, gynae clinics and day procedure are all in operation within the South West Acute site. The peripheral hospital, Omagh Health and Primary Care Site, newly opened in June 2017, provides both outpatient antenatal and gynae clinics, and day surgery services.

No. Consultants (full time equivalent):

At present there are 6 full time permanent consultants working in the South West Acute Hospital. The consultants operate a 1:6 'on-call' rota with prospective cover arrangement.

College tutors:

- Dr Aisling Thompson: Aisling.Thompson@westerntrust.hscni.net
- Dr Rebecca Henry: Rebecca.Henry@westerntrust.hscni.net (maternity leave cover)

Consultant staff:

| Name | Specialty |
|------------------------------------|---|
| Dr P. McIlwaine, MRCOG | Clinical lead Special interest: Minimal access surgery (fellowship trained advanced MAS) ;Benign Gynaecology Clinical and Educational Supervisor |
| Mr A. Abdelmageed, MRCOG,MD | Special interest: Colposcopy; Medical Education. Educational Supervisor |
| Dr A. McKinney, MRCOG | Special interest: Outpatient hysteroscopy; Obstetric Risk Management |
| Dr Thompson, MRCOG | Special interest: Urogynaecology and pelvic floor surgery (fellowship trained); Medical Education. College tutor Clinical and Educational Supervisor |
| Dr J. Johnston, MRCOG | Special interest: Acute gynaecology and Early Pregnancy; Ambulatory gynaecology and Outpatient hysteroscopy. |
| Dr R Henry, MRCOG | Special Interest: Benign gynaecology, Hysteroscopy, Maternal Medicine, Colposcopy Clinical and Educational Supervisor |

Specialty doctors and associate specialists:

The Consultant team are supported by junior medical staff consisting of 8 Specialty doctors and 6 lower tier doctors including 2 trainees at ST1-2 level. From August 2021 we will have 1 Registrar at ST3 and above level.

Specialist Nurses/Midwives:

| Name | Specialty |
|----------------------------|--|
| Sr Una Farmer | Delivery Suite manager |
| Sr B McCabe | Antenatal coordinating midwife |
| Sr A M McDonnell | Breast feeding coordinator/Labour ward coordinator |
| Sr M McLaughlin | Risk Management midwife |
| S/M M Mc Caffrey | Practice development Midwife |
| S/N Suzanne Ritchie | Early Pregnancy nurse specialist |

Trainees in Post

No. O&G trainee posts: 6 ST1/ST2 equivalent training posts. 1 trainee registrar position ST3+ equivalent

No. GP training posts: None at present

No. F2 posts: Availability for 2 F2 doctors.

Rota pattern:

- The middle grade rota is an 8 person 2nd on call shift pattern for general O+G, Band 1A
- The junior grade rota is a 6 person 1st on call shift pattern for general O+G, Band 1A

Rota template for middle grade doctors (ST3+ equivalent):

| | Doc1 | Doc2 | Doc3 | Doc4 | Doc5 | Doc6 | Doc7 | Doc8 |
|------------------|------|------|------|------|------|------|------|------|
| Monday | D | D | OFF | D | D | S | N | L |
| Tuesday | D | D | L | D | D | D | N | D |
| Wednesday | OFF | L | D | D | D | OFF | N | D |
| Thursday | D | D | D | L | D | D | N | D |
| Friday | OFF | N | S | D | L | D | OFF | D |
| Saturday | OFF | N | OFF | OFF | L | OFF | OFF | OFF |
| Sunday | OFF | N | OFF | OFF | L | OFF | OFF | OFF |

Rota template for junior tier doctors (ST1/ST2 equivalent):

| | Doc1 | Doc2 | Doc3 | Doc4 | Doc5 | Doc6 |
|------------------|------|------|------|------|------|------|
| Monday | N | D | OFF | L | D | OFF |
| Tuesday | N | L | OFF | D | D | D |
| Wednesday | N | S | L | S | D | D |
| Thursday | N | OFF | D | L | S | D |
| Friday | OFF | N | S | D | L | S |
| Saturday | OFF | N | OFF | OFF | L | OFF |
| Sunday | OFF | N | OFF | OFF | L | OFF |

Handover arrangements:

All junior doctors have a formal medical induction to the unit and participate in a structured handover process. A multidisciplinary handover takes place every morning at 9am in the Delivery Suite followed by a consultant-led ward round of maternity and gynaecology wards. There are 3 further handovers during the working day at 1pm, 5pm and 9pm. The consultant is consistent throughout the working day and is present at the morning handover, 1pm and 5pm handovers.

Protected training time:

There is weekly multidisciplinary RCOG based postgraduate teaching in the unit, which is consultant led. All trainee doctors are expected to participate in teaching and presenting at this Wednesday morning session and it is protected time. All trainees are released and are expected to attend regional CME teaching on a Friday afternoon in Antrim Hospital. There is ample opportunity for trainees to complete their work place based assessments during their rotation and all trainees are assigned an educational supervisor. The PROMPT course runs on a triannual basis within the unit and trainees are given priority to attend. The library suite in the hospital with internet access is available 24 hours per day for self- directed learning and we have 2 laparoscopic trainers for use in the education centre.

Clinical duties of trainees:

All trainee doctors within our unit are expected to participate in a general O+G on-call rota. Training doctors on the junior tier (ST1/ ST2 equivalent) are involved in the day-to day running of the delivery suite, maternity and gynae wards completing ward tasks and providing continuity of care. They are expected to admit and manage women with common O+G problems with senior support. The junior trainees attend handover and actively participate in the handover process. They have the opportunity to attend general and specialist antenatal and gynae clinics, and are supported in performing work placed based assessments. ST1/ST2 equivalent doctors have the opportunity to attend and assist in theatre sessions (inpatient and day case) and are supported in working towards independent practise as appropriate. Trainees participate in an audit or quality improvement project during their time with us.

We will have an ST3+ level doctor joining our team from August 2021. As the only ST3+ doctor, they will have priority for theatre sessions (inpatient and DPU) and will have the opportunity to lead in delivery suite and on ward rounds with excellent consultant supervision. They will be supported in gaining independence in managing patients in labour and carrying out practical procedures including caesarean sections, instrumental deliveries, perineal suturing and fetal blood sampling. An ST3+ trainee would be supported in exam preparation for MRCOG and expected to contribute to teaching of junior colleagues and undergraduate medical students. Indeed, our previous LAT3 was successful in passing his MRCOG during his time with us this year.

We will be able to offer ATSMs in the near future in benign gynaecology and hysteroscopy for senior trainees under the supervision of Dr McIlwaine, the Clinical Lead, who is fellowship trained in advanced laparoscopic surgery.

A Typical Week - Illustrative Timetable (clinical duties and regular educational sessions):

| | AM | PM |
|---------------|---|---|
| Monday | Labour ward – handover/CS list/instrumental deliveries/assessing obstetric patients in MFAU | Labour ward – handover/CS list/instrumental deliveries/assessing obstetric patients in MFAU |

| | | |
|------------------|--|--|
| Tuesday | Day procedure Unit – performing and assisting at minor procedures including hysteroscopy, laparoscopy and vulval procedures | Gynae clinic – opportunity to take history and examine patients and ample time to carry out WPBAs |
| Wednesday | Post-Graduate Teaching | Antenatal/Multiple Birth/High Risk Clinic – Opportunity to review, scan and manage antenatal patients with twin pregnancy, gestational diabetes and IUGR |
| Thursday | Ward work for ST1/St2 – taking calls from GP/ED, admitting patients for theatre, ongoing management of acute admissions. DPU for ST3+ equivalent | Theatre – assisting at and/or performing major gynaecological operations |
| Friday | DPU or Labour Ward | CME |

Educational Opportunities:

We believe as a unit we meet the required standards for a learning environment for trainees as determined by NIMDTA. We provide excellent levels of senior support at all times. We have formal postgraduate weekly teaching programme in line with the national curriculum for O+G which also includes perinatal meetings, labour ward forum and journal club. We encourage trainees and provide adequate study leave allowance to facilitate attendance at regional CME teaching. Trainees have ample learning opportunities within this attachment and are supported in completing their assessments relevant to the national curriculum. Doctors in training are encouraged to apply for any postgraduate examinations relevant to their level of training and learning is supported with weekly MRCOG teaching.

The opportunities for learning are highlighted at the beginning of a trainee's rotation by their educational supervisor, and as one of our consultant's is responsible for the weekly rota, the clinical sessions are tailored to suit the trainee's individual requirements.

On labour ward, trainees have the opportunity to perform both elective and emergency caesarean sections, instrumental deliveries, MROP, fetal blood sampling and perineal repair. They gain exposure and are expected to triage and assess patients who present to the Maternal Fetal assessment unit. Our fewer numbers of trainees have priority to participate in at least one major gynae operating list and 1 day procedure list per week. They normally attend at least 1 gynae and 1 antenatal clinic per week, with the opportunity for supervised scanning, and completion of WPBAs appropriate to their level of training by the consultant at the clinic. We have a nurse-led early pregnancy service with opportunity for trainees to have supervised scanning practise and complete their scanning competencies.

Trainees are prioritised to attend the PROMPT course which runs up to 3/ 4 times per year in the unit. They are supported in carrying out an audit/quality improvement project during their time with us.

There is an opportunity to attend and present cases at the weekly gynae oncology and monthly Urogynae MDM meetings through a video link with Altnagelvin hospital. The SWAH has a modern laparoscopic surgical trainer (laparoscopic suturing) which can be accessed 24 hours per day in our educational suite. Many of our junior trainees have been supported in preparing case reports and carrying out small studies which have been accepted for presentation in both local and national conferences.

Specialist services within this placement:

We have a wide range of specialist interests within the consultant team including ambulatory gynaecology, colposcopy, urogynaecology and advanced laparoscopic surgery including surgical management of severe endometriosis.

Particular Strengths of this placement:

From a trainee's perspective, our unit provides a unique opportunity for both junior trainees and an ST3+ equivalent trainee to gain exposure to all aspects of obstetrics and gynaecology as a specialty, with excellent support from an enthusiastic, approachable and "hands-on" consultant team. With a fewer number of trainees in the unit, the training opportunities are more plentiful and the trainees take priority for learning and supervision. Working in a smaller unit allows more time for trainees to complete their work placed based assessments, as the clinics are generally smaller and the consultants are less time pressured.

Within the SWAH unit, we hope to foster a sense of belonging and teamwork where everyone's opinion is valued and respected. We nurture inter-professional relationships between medical and midwifery staff by organising frequent social events and team building activities which are always well attended.

A Trainee's prospective:

Dr Andrew Wilson – ST2 O+G trainee. Aug '18-Feb 2019

'Having been the only run-through trainee in SWAH for 6 months, I have been exposed to a great deal on the labour ward as often the 1st on call. This has resulted in increased self confidence in both instrumental and caesarean section deliveries alongside increasing confidence in labour ward management. I have been exposed to numerous major gynaecological theatre sessions, and day procedure lists, often as first operator or assistant with direct consultant supervision, and as a result, my operating abilities have greatly improved. I have been able to semi-lead ward rounds, with direct consultant supervision, and have not been in competition with other senior trainees for any learning opportunities.

The consultant body, whilst small in number, are extremely approachable, and will often answer questions with ad-hoc teaching and are more than happy to supervise learning opportunities especially instrumental deliveries at all hours of the night!

I have been exposed to numerous antenatal and gynaecological clinics, where there has been sufficient time for questions between patients, and I've never felt unsupported in these clinics. I have been able to complete an audit project easily, with excellent support from the administration staff, as well as the consultants, and have managed to see several interesting cases, including one for which I have a poster presentation at a national conference.

We have weekly MRCOG teaching, which is consultant led, with medical student attendance, and covers numerous topics which are useful for MRCOG part 1 and 2. This also allows for observation of teaching skills, alongside prompt feedback. I have also been able to take an active role in the teaching of the undergraduate medical students, furthering my interest in medical education, and providing me with senior support to do this.

Whilst some trainees don't see the value in training in smaller units, I have gained invaluable experience in managing labour ward, with a consultant available for any questions. I have not had to 'fight' for learning opportunities, and I have had the most supportive consultants, that I could have hoped for. '

Date of completion: Jan 2019