

## **Job Descriptions from a FY2 Trainee's point of view.**

### **GP/Lymington Medicine/ O&G**

The GP Practice will arrange for you to have sessions in which you see patients initially with long consultations (eg 30 mins) gradually reducing.

In between sessions you may need to answer the calls from patients (telephone consultations), go on home visits (but this is usually with one of the other GPs) and fulfil requests for repeat prescriptions.

Most practices like if you participate by conducting a small audit (which is fairly easy to do because of the electronic notes system).

Annual leave is very easy to arrange as you tend not to have to worry about on calls and swaps with other people. It's also a good chance to get most of your portfolio assessments done because most GPs will have a morning a week devoted to one-on-one tutorials which can be useful for CBDs etc.

#### **Lymington Medicine**

Role of an F2 is to conduct a daily ward round of their team's patients either with their house officer or with one of the seniors (consultant twice a week, associate specialist on a Friday and staff grade on a Wednesday). You should bear in mind that Lymington does not have phlebotomists so the SHOs and HOs also do a blood round. As they also do not have a lab the bloods have to be sent to SGH so take a few hours to come back (or even the next day sometimes!)

When on call you are based in MAU which is fairly small (I think around 14 beds) and usually easy to manage on your own. It's your job to take calls from GPs and ambulances and then admit patients. Overnight and out of hours as Lymington doesn't have registrars the second doctor on call is the consultant (at home) but don't worry because they are very approachable and don't mind being called if you have a problem.

One thing I would definitely recommend doing very early in this rotation is arranging annual leave. At present, one of the secretaries arranges the rota but has not adopted a 'rolling rota' and tries to arrange everybody's leave for them by swapping people around

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(most of the SHOs felt this was much more complicated than having a rolling on call rota and arranging swaps amongst ourselves so hopefully they have taken on board our comments about this!). Therefore if you have a particular weekend or week day you need to have off its best to arrange it early- the Lymington job is a great job that everyone loves but the organisation of the rota can be a nightmare at times!

#### **O&G**

The SHO rota is very varied and main roles include either being on call for gynae (which is one ward on H level) or being on call for labour ward. Labour ward on call involves being called to assist in theatre, to perform jobs on labour ward or review patients in the day obstetric unit. When not on call you tend to be in clinics. One of the main clinics is early pregnancy clinic which always has a HO too. The main aim is to assess and diagnose conditions of early pregnancy including miscarriage and ectopic pregnancy. Other clinics include antenatal and gynae clinic but there is always a registrar or consultant to discuss plans with.