Obstetrics and gynaecology

Obstetrics and gynaecology is concerned with the care of pregnant woman, her unborn child and the management of diseases specific to women. The specialty combines medicine and surgery.

This page provides useful information on the nature of the work, the common procedures/interventions, subspecialties and other roles that may interest you.

Nature of the work

Most consultants within the specialty work in both obstetrics and gynaecology (O&G). Many have a major special interest in a particular area, such as high-risk obstetrics, fertility care or minimal access surgery. A smaller number of consultants work as sub specialists, with all of their work concentrated in a specific area of practice.

This is a varied specialty, mostly dealing with healthy women, where unexpected challenges can present themselves on a daily basis. Work includes a large number of hands-on procedures, both in obstetrics and gynaecology.
In gynaecology, patients range from those who have chronic disorders which are not life threatening (but interfere significantly with quality of life), to those where an acute emergency presentation is the first indication of a gynaecological problem.

Gynaecology is concerned with the well-being and health of the female reproductive organs and the ability to reproduce. It includes endocrinology, female urology and pelvic malignancy. The specialty spans paediatric and adolescent gynaecological problems through to later years.

In obstetrics most women, although pregnant, are otherwise fit and healthy. However, others will have acute or chronic medical problems that complicate their pregnancy and are under the specific care of an obstetrician.

Obstetrics and gynaecology is an exciting area. Many new techniques and procedures have been developed over the past 30 years, and transformed the health of women and babies. Improvements in ultrasound [1] have made care of the baby in the womb a central part of the specialty. It is an evolving discipline with many research arms, both at clinical and molecular level.

?I remind myself how lucky I am to have such an interesting and varied job?. Aamna Ali, St Michael?s Hospital, Bristol NHS Foundation Trust.

Read Aamna?s story [2]

**Common procedures/interventions**

**Obstetrics**

Within obstetrics, most of the care of low risk mothers and uncomplicated deliveries are performed by midwives.

About 35% of births are undertaken by an obstetrician, usually for more complex cases or if the baby becomes distressed during labour. Their work includes:

- using instruments to assist delivery?? including forceps or a ventouse (vacuum-assisted delivery)
- performing caesarean sections, either as a planned or emergency procedure

**Gynaecology**

Within gynaecology procedures include:

- carrying out surgical interventions following miscarriage
- treating abnormal bleeding and polyps
- major surgery for gynaecological cancers
- minimal access surgery for problems including endometriosis

Keyhole or minimal access surgery is now commonplace and has many advantages.

Assisted reproduction (fertility treatment) has helped many thousands of women have a family, which would not have been possible in the last generation.
**Associated sub-specialties**

Sub-specialties include:

- maternal and fetal medicine
- gynaecological oncology
- urogynaecology
- reproductive medicine
- sexual and reproductive healthcare (which has its own faculty and examination structure)

**Want to learn more?**

Find out more about:

- the working life? [3] of a doctor in obstetrics and gynaecology
- the entry requirements [4] and training and development [5]

**Pay and conditions**

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This section provides useful information about the pay for junior doctors (doctors in training), specialty doctors, consultants and general practitioners.

Find out more about current pay scales for doctors [6], more information can be found on the BMA website [7].

NHS employers [8] provides useful advice and guidance on all NHS pay, contracts terms and conditions.

Medical staff working in private sector hospitals, the armed services or abroad will be paid on different scales.

**Where the role can lead**

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Read about consultant and non-consultant roles in O&G, flexible working and about wider opportunities.

**Consultant roles**

You can apply for consultant roles six months prior to achieving your Certificate of Completion of Training [9] (CCT [10]). You will receive your CCT [10] at the end of your O&G training.

Managerial opportunities for consultants include:

- clinical lead - lead NHS consultant for the team
- clinical director - lead NHS consultant for the department
- medical director - lead NHS consultant for the Trust
Most NHS consultants will be involved with clinical and educational supervision of junior doctors.

Here are some examples of education and training opportunities:

- director of medical education - the NHS consultant appointed to the hospital board who is responsible for the postgraduate medical training in a hospital. They work with the postgraduate dean to make sure training meets GMC standards.
- training programme director - the NHS consultant overseeing the education of the local cohort of trainee doctors eg foundation training [11] programme director. This role will be working within the LETB/deanery
- associate dean - the NHS consultant responsible for management of the entirety of a training programme. This role will be also be working within the LETB/deanery

**SAS doctor roles**

There are also opportunities to work at non-consultant level, for example as a SAS (Specialist and Associate Specialist) doctor.

SAS doctors (Staff, Associate Specialists and Specialty Doctors) work as career grade specialty doctors who are not in training or in consultant posts. You will need at least four postgraduate years training (two of those being in a relevant specialty) before you can apply for Specialty Doctor roles. Find out more about SAS doctors roles. [12]

The role of an SAS doctor can vary greatly. Depending on your experience, you might work on complex surgery or relatively minor diagnostic and outpatient work. SAS doctors will frequently participate in routine and elective [13] surgery rather than emergency work. They also train other staff.

Some doctors are attracted to the SAS role as the hours are more regular than those of the consultant, and any on-call work and overtime beyond 7am-7pm is paid.

**Other non-training grade roles**

These roles include:

- trust grade
- clinical fellows

**Academic pathways**

If you have trained on an academic O&G pathway or are interested in research there are opportunities in academic medicine.

For those with a particular interest in research, you may wish to consider an academic career in O&G. Whilst not essential, some doctors start their career with an academic foundation post. Entry is highly competitive. This enables them to develop skills in research and teaching alongside the basic competences in the foundation curriculum [14].

Entry into an academic career would usually start with an Academic Clinical Fellowship (ACF) at ST1-2 and may progress to a Clinical Lectureship (CL) at ST3 and beyond. Alternatively some trainees that begin with an ACF post then continue as an ST trainee on the clinical programme post-ST4.
After completion of the academic foundation trainees can then apply for academic core training posts (instead of normal core training). A PhD is often taken, either during core or specialty training.

Applications for entry into Academic Clinical Fellow posts are coordinated by the National Institute for Health Research Trainees Coordinating Centre (NIHRTCC). [15]

There are also numerous opportunities for trainees to undertake research outside of the ACF/CL route, as part of planned time out of their training programme. Find out more about academic medicine. [16]

The Clinical Research Network (CRN) actively encourages all doctors to take part in clinical research.

**Other opportunities**

Obstetricians and gynaecologists often undertake research, which includes collaborating with colleagues in the UK and overseas, writing papers and presenting work at conferences. Research opportunities within this specialty are good.

There may also be opportunities to work in the private sector and overseas.

- Job market and vacancies
  
  Expand / collapse

  This section provides useful information about the availability of jobs, how to find vacancies and sources of further information.

**Job market information**

Obstetricians and gynaecologists had 2,133 consultants and 2,481 medical registrars in England (NHS Digital, 2016 [18]).

In 2016, the competition ratio for CT1 Obstetrics and Gynaecology was 2.03 (NHS specialty training 2016). [19]

The Centre for Workforce Intelligence has prepared this report on O&G (2015). [20]

**On this page we have information for England only.** For information regarding Scotland, Wales and Northern Ireland please click on the links below.

NHS Scotland workforce information [21]
NHS Wales workforce information [22]
Northern Ireland workforce information [23]

**Where to look for vacancies**

Specialist O&G training is open to those who may want to train flexibly on a less than full-time (LTFT) basis. You can request and apply for this after you have been offered the job. Restrictions apply.

Registration and applications for specialist O&G training is online via Oriel [25].

Northern Ireland has its own recruitment process for O&G. For further details please visit the Northern Ireland Medical and Dental Training Agency.
Other roles that may interest you

- General practice (GP) [35]
- Paediatrics [36]
- Paediatric surgery [37]
- Neonatal nurse [38]

Source URL: https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/obstetrics-and-gynaecology

Links
[1] https://www.healthcareers.nhs.uk/glossary#Ultrasound
[10] https://www.healthcareers.nhs.uk/glossary#CCT