

Working life (community sexual and reproductive healthcare)

This page provides useful information about the roles and responsibilities of doctors in community sexual and reproductive healthcare (CSRH), where they work, who they work with and what they feel about their role.

Community Sexual and Reproductive Healthcare is a holistic specialty incorporating contraception, sexual health, medical gynaecology and public health. It is a perfect career choice for those who are dedicated to improving women's reproductive health and providing readily accessible sexual healthcare for all. (consultant in CSRH)

How your time is spent

Workdays are quite variable, which makes for an interesting working life. Clinics usually start between 8 and 9 am. These clinics might be booked or walk-in. Walk-ins to an integrated sexual health clinic catering for the contraception and sexually transmitted infection needs of patients bring the entire range of sexual health problems (and others) to you so you never know what is coming next.

For the booked patients this could be a complex contraception clinic, a training clinic one-to-one teaching of trainees for the diploma in CSRH or for letters of competence in intrauterine device insertion/implant insertion, a session in a sexual assault referral centre or a medical gynaecology session.

Attending outreach clinics involves working in smaller community services providing care closer to home and improving patient access to sexual health services. Outreach clinics may be in young peoples' clinics, schools, GP practices and prisons. Some consultants will perform a surgical list and some may hold specialist clinics such as menopause or sexual problems.

The number of patients seen per day depends on the type of clinic or clinical activity being performed. In an average complex clinic 8-10 patients will be seen per session. In an integrated CSRH clinic 10 or more patients may be seen by one clinician in one session, depending on complexity.

Other day to day responsibilities include senior management team meetings to discuss the running of the service. As service leaders, a key role is discussing the sexual health needs of the community with sexual health commissioners and public health representatives and working with local groups to improve public knowledge around sexual health. Improving delivery of sexual health services locally is often achieved by multi-agency working through managed service networks.

On-call and working hours

Hours of work are generally sociable and generally there is no overnight on call. There will usually be a requirement to do an evening or Saturday clinic and flexibility in covering unexpected leave for a colleague.

Enabling access to care is important and work may be based within in a variety of settings including:

- community clinics
- hospitals
- theatre or outpatient Minor Procedures Suite Outreach clinics (school/university, prison, homeless hostel, youth club etc.)
- ?clinics in a box? - ?a mobile outreach service where you go to the patient when the patient cannot come to you
- online as part of an e-clinic

The EU Working Time Directive limits the working week to 48 hours. It is also possible to work part-time once you are consultant, or to train on a less than full-time [1] basis (conditions apply).

- Who you will work with?

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CSRH consultants work as part of large multidisciplinary teams.

They work with:

- midwives [2]
 - nurses including school nurses [3]
 - sexual health advisers
 - genitourinary medicine [4] colleagues
 - GPs [5]
 - gynaecologists [6]
 - psychosexual therapists and counsellors
 - public health specialists [7]
 - pharmacists [8]
 - police, social and youth workers
 - safeguarding teams and voluntary organisations
 - sexual health commissioners
 - medical secretaries and administrative staff [9]
- Attractions and challenges of the role

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The working day is hugely variable with much opportunity to use specialist and interpersonal skills.? CSRH consultants have the opportunity to make a significant difference to?the local community and especially to vulnerable people by improving their sexual health.

Consultants must be ready to deal with the complex challenges of their patient?s lives; domestic violence, sexual assault, underage sex and unplanned pregnancy are just a few. Those vulnerable patient-groups with the greatest sexual health needs eg young people, sex workers, prisoners, victims of sexual assault are often emotionally challenging.

Consultants in single-handed services lack the traditional peer support of other hospital specialties which is also a challenge. You therefore have to be resilient and resourceful in developing your own support networks.

Source URL: <https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/community-sexual-and-reproductive-health/working-life>

Links

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