

Consultant in Community Gynaecology

Why did you become a community gynaecologist?

I was enticed into the specialty of obstetrics and gynaecology after winning the undergraduate prize. Although I became fairly entrenched in mainstream obstetrics, everything changed when my three children came along. I started some sessions in the local family planning service while doing a research job and the opportunity arose to set up a regional menopause service.

How has your career developed?

Having done the MRCOG was a major advantage as, in due course, I was able to apply to become the first RCOG subspecialty trainee in community gynaecology in Scotland. During these years I was able to do more research but, in particular, did a lot of writing and lecturing, all of which transformed my CV. As family planning evolved, changes in the clinic structure, plus already having my own contracted sessions, allowed a second consultant post to be created in Edinburgh to which I was appointed.

What does your current role entail?

My current post is three-quarter time. I have a heavy clinical workload but

FACT FILE

Name: Ailsa Gebbie
Job title: Consultant in Community Gynaecology
Location: Lothian Primary Care NHS Trust, Edinburgh, UK
Qualifications: FRCOG, DCH, MFFP

only for outpatients. I do transvaginal ultrasound and have inserted millions of Mirenas! I am an honorary senior lecturer at Edinburgh Medical School and last year I did a postgraduate certificate in medical education. I recently joined the Committee on Safety of Medicines Working Group on Women's Health and prior to that I enjoyed 6 years on the council of the British Menopause Society.

What is an average day like for you?

Generally, I will have one or two clinics each day. In between clinics, I answer e-mails, dictate results, phone patients, check all the clinic referrals, prepare presentations and discuss day-to-day issues with colleagues.

What are the best and worst elements of your job?

Our service is a supportive and friendly environment for both patients and staff.

It is very rewarding to work in a service that treats patients in a way we would wish to be treated ourselves. For several years I saw private patients until I decided recently that I didn't like sending bills to people. Although additional responsibilities such as teaching and sitting on committees can be exhausting they do add interest and challenge to life.

How do you see your job progressing in the future?

We are shortly to get a new building in Edinburgh so that will open up new opportunities; but whatever I do, I will always continue to see patients.

If you were not a doctor what would you like to do?

To have the ability to play music to a high standard and be part of the musical scene would be pretty high up my list of alternative careers.

FURTHER INFORMATION

Royal College of Obstetricians and Gynaecologists: <http://www.rcog.org.uk>

Faculty of Family Planning and Reproductive Health Care: <http://www.ffprhc.org.uk>

Nurse Practitioner

Why did you become a nurse?

I wanted to make a valuable contribution. At the time I was working as a civil servant and felt invisible.

How has your career developed since you started nursing?

My general training was at a specialist centre and my first staff job in cardiothoracic ITU seemed to map out my career. Marriage and a posting to Germany changed all that and I went on to work as a midwife and in a medical reception centre (GP and A&E combined) before we returned to the UK. Well woman checks for a private health insurance firm performing 60 smears a day led to my completing a Woman's Health Diploma at Middlesex University and moving into practice nursing. Having completed training in chronic disease management, the logical step was to take the RCN Nurse Practitioner BSc. When the single-handed GP I worked with went on long-term sick leave, I was appointed clinical lead for the practice.

FACT FILE

Name: Linda Howard
Job title: Nurse Practitioner and Clinical Lead
Location: West Hampstead, London, UK
Qualifications: RGN, BSc

What does your current role entail?

It is a mixed clinical and management role. I am responsible for practice and protocol development and a host of other management issues. As well as seeing patients I also run nurse training.

What is an average day like for you?

A surgery for 3 hours including chronic disease management, minor illness, family planning and smears, taking blood, ECGs and spirometry. I have protected time for practice development and also meetings, both clinical and management.

What are the best and worst elements of your job?

Working in a supportive respectful multidisciplinary team is the best

aspect, together with developing long-term continuity of care for patients. The worst part of the job is the uncertainty regarding the future of nurse-led practices due to their differences from the traditional model of GP surgeries.

How do you see your job progressing in the future?

I hope to develop practice nurse and nurse practitioner training. I would also like to do an MBA.

What would you do if you were not a nurse?

I would like to run a nursing agency specialising in primary care nursing.

FURTHER INFORMATION

Royal College of Nursing: <http://www.rcn.org.uk>

Women's Health Diploma, Middlesex University: http://www.mdx.ac.uk/hssc/cpd/programmes/sh_wh.htm

Nurse Practitioner BSc, South Bank University: <http://www.courses.sbu.ac.uk/undergrad/u3IndCourseAtoZ.asp?v1=181>