Trust Standard Operating Procedure

University Hospitals Plymouth NHS Trust

Responsibility and duties of the Consultant covering Obstetrics and Gynaecology Service

Issue Date	Review Date	Version
July 2020	July 2025	1

Purpose

To define the ideal standards of consultant cover and attendance for labour ward/central delivery suite (CDS) and general Obstetrics and Gynaecology. This document closely follows the standards set by Royal College Obstetricians and Gynaecologists Good Practice No. 8, March 2009.

Who should read this document?

All midwifery, obstetric and medical staff working for University Hospitals Plymouth (UHP) who are involved with the antenatal, intrapartum and postnatal care of women.

Core accountabilities	
Owner	Mr Alexander Taylor, Governance Lead Obstetrician
Review	Maternity Assurance Group
Ratification	Director of Midwifery
Dissemination (Raising Awareness)	Obstetric and Maternity Staff
Compliance	Director of Midwifery

Links to other policies and procedures
Policy for the development and management of Trust Wide policies and procedural documents

Version History		
1	November 2019	Document Created

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

University Hospitals Plymouth NHS Trust

Standard Operating Procedure (SOP)

Responsibility and duties of the Consultant covering Obstetrics and Gynaecology Service

1 Introduction

The number of consultants or post-CCT fellows who cover the unit will vary at different times of the day. The consultant role starts with demonstrating leadership: teaching and supporting trainees, midwives and nurses at all times. The consultant provides a service for patients who require senior medical assistance while at the same time undertaking simpler procedures when there is a need to do so.

2 Levels of cover

- **Labour ward Consultant/post-CCT fellow; Monday – Friday 0800-1300hrs, bleep 0401**

From November 2019 it is expected that a consultant or post-CCT fellow will be present on labour ward/central delivery suite (CDS) between 0800-1300hrs Monday to Friday. They will attend the 0800hrs multi-disciplinary handover, complete a bedside training ward round of all consultant led care women on CDS, attend CDS Triage to review women as required, perform a teaching ward round of antenatal women and postnatal readmissions on Argyll Ward not already seen by the Week on Service consultant or their own antenatal team. They will review the induction of labour women in the system and make plans for their management. They will attend complex deliveries and procedures on CDS during this time including ECV. They will review women as required on Day Assessment Unit or send a suitably trained trainee doctor.

They will be expected to work in close liaison with the Obstetric Risk Management Team in performing a daily review of urgent risk cases, use the time on CDS to teach CTG and complete any allocated RCAs. The labour ward consultant may use this time to deputise for the Lead Consultant for Obstetric Governance in the weekly risk meeting when the lead consultant is on leave.

The labour ward consultant will attend complex deliveries and procedures in the rooms or Maternity Theatre and provide teaching, training and supervision of trainee doctors. This consultant will carry pager 0401 for the duration.

- **Elective Caesarean List Consultant/post-CCT fellow; Monday – Friday 0800-1300hrs, individual bleep**

In addition to the above, all attempts will be made within job plans to rota a consultant or post-CCT fellow to complete the elective Caesarean/Surgical Management of Miscarriage operating list. This consultant will work 0800-1300hrs Monday to Friday. They are not

expected to attend CDS handover but will be aware of the acuity within the unit. They will see pre-operative women from 0800 and commence the surgical brief meeting at 0830hrs. It is expected that all elective Maternity lists will be complete by approximately 1300hrs. They will interact with the labour ward consultant at regular intervals and provide support as needed.

- **Week on Service Obstetrician and Gynaecologist; Monday – Friday 0800-1800hrs, individual pager and carry 0401 baton bleep**

The Week on Service Consultant (WOS) carries overriding responsibility for the unit during the above hours. All acute admissions to Gynaecology will be under their name unless accepted specifically and knowingly by an original member of the consultant body. Antenatal women will usually be allocated under the original antenatal clinic consultant. The WOS consultant will attend 0800 MDT handover. Following this, they will interact as required with the CDS and Argyll ward rounds but will prioritise themselves to attend Gynaecology ward rounds and review of outlying women between 0800-1300hrs. They will ensure that the labour ward consultant has been able to review Argyll patients (many of whom will be under the WOS allocated name and may be more appropriately seen by the WOS consultant for continuity).

From 1300-1800hrs the WOS consultant takes over as overriding consultant for the whole of Obstetrics and Gynaecology after receiving 1300hrs handover from the outgoing teams. There will always be a specialist trainee to cover Obstetrics, bleep 0311 (ST3 and above) and all attempts for a trainee ST1 and above to assist with Gynaecology during this time (own pager).

- **Consultant cover 1800-0800hrs**

This time period is covered by the non-resident Consultant for the night, they may be at home or decide to attend for acuity reasons.

The consultant on call will expect a telephone call to update them about the situation on the unit at 22.00 if the labour ward resident is a trainee, whatever their grade.

- **Resident night cover 1930-0800hrs**

1 in 8 nights are covered by resident ST6-7 trainees with a senior house officer grade doctor and non-resident Consultant cover from home. Occasionally a ST1-2 trainee will join the workforce as a supernumerary additional doctor.

7 in 8 nights are covered by a resident consultant or post-CCT fellow with SHO and occasionally ST1-2 supernumerary trainee as above.

3 The role of the consultant

To ensure that trainees are taught and supervised appropriately. The consultant will be nearby at all times until a trainee has been assessed as fit for independent practice. Trainees must always feel able to discuss things with the consultant and should be encouraged to ask for attendance when needed. The consultant will make a judgement as to what is right and discuss with the trainee if they require advice or actual presence.

4 Consultant attendance in person

Doctors at every level have a duty to call for help if they feel that a clinical situation outside the list below requires the direct input of a consultant. The request should be clear and precise and documented in the notes so there can be no misinterpretation.

Attendance in person is required whatever the level of the trainee for:

- Eclampsia
- Maternal collapse (such as massive abruption, septic shock)
- Caesarean section for major placenta praevia
- PPH >1.5L or where haemorrhage is continuing and massive haemorrhage protocol is activated (Obstetric or Gynaecological)
- Return to theatre – laparotomy
- When requested by the trainee or midwife.

Attendance in person or immediately available (for these procedures, the consultant should attend in person or be immediately available if the trainee on duty has not been assessed or signed off, by OSAT or been deemed competent):

- Vaginal breech delivery
- Vaginal twins delivery
- Trial of instrumental delivery in theatre (except for cases that are predicted to be straightforward and simply require regional anaesthesia)
- Caesarean at full dilatation
- Caesarean in women with BMI > 40
- Caesarean for transverse lie
- Caesarean <32/40
- Diagnostic laparoscopy
- Laparoscopic ectopic management
- Any laparotomy.

5 ST6-7 trainees

In preparation for becoming a consultant, these trainees can decide with the consultant whether attendance is required for the indications in the second list above.

6 Other doctors in non-training grades

Similar to ST6-7 above, these doctors should have their capabilities and experience assessed by the senior team and a clear decision should be made as to the level at which they should be working.

7 Role of coordinating midwife or nurse

Senior midwifery, nursing and other medical staff should contact the consultant or senior trainee directly if it is considered that the clinical situation requires senior medical input. Patient safety is the priority and consultants and senior trainees should respond positively to requests for assistance from all staff.

8 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Maternity Guideline Group and ratified by the Maternity Assurance Group.

Non-significant amendments to this document may be made, under delegated authority from the Maternity Assurance Group by the nominated author.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

9 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified via the Maternity newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Clinical Effectiveness Committee and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

10 Reference Material

Royal College Obstetricians and Gynaecologists Good Practice No. 8: Responsibility of Consultant on-call, March 2009