

SITM: Menopause Care (MPC)

SECTION 1: CAPABILITIES IN PRACTICE

MPC CiP 1: The doctor is able to assess the woman presenting with menopausal symptoms.	
Key Skills	Descriptors
Takes a relevant medical and lifestyle history and performs appropriate examination	<ul style="list-style-type: none"> • Takes appropriate history and performs a relevant examination relating to menopause. • Formulates a differential diagnosis. • Provides relevant health and lifestyle advice. • Is able to address ethnic and trans-cultural issues. • Is able to prioritise the woman's needs.
Applies an understanding of the pathophysiology of the menopause to the woman presenting with menopausal symptoms	<ul style="list-style-type: none"> • Performs appropriate examination with the minimum of distress to the patient. • Demonstrates the principles of psychosexual evaluation. • Takes a sexual history including dyspareunia, vaginismus, psychosexual dynamics and libido. • Identifies and refers the women with psychosexual problems.
Evidence to inform decision	
<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice • Local and Deanery Teaching • RCOG e-learning 	<ul style="list-style-type: none"> • Log of cases and audit • Observation of consultations • Management of consultations • TO2 (including SO)
Knowledge criteria	
<ul style="list-style-type: none"> • The use of visual analogue scores and quality of life questionnaires • The short- and medium-term sequelae of the menopause <ul style="list-style-type: none"> ○ Vasomotor symptoms, incidence and aetiology ○ Connective tissue effects including skin and hair ○ Urogenital atrophy (effect on female urethra, bladder, vagina and pelvic floor muscles) ○ Mood disorders ○ Cognitive symptoms ○ Sexual changes & Sexual dysfunction • The benefits of HRT to cognitive function and memory • The role of support and education from affiliated psychosexual counsellors 	



MPC CiP 2: The doctor understands the benefits and risks of HRT and alternative therapies.	
Key Skills	Descriptors
Is able to evaluate the need for and prescribe the appropriate medical therapy and route of delivery	<ul style="list-style-type: none">• Creates an individual benefit (e.g., osteoporosis and cardiovascular) / risk (e.g., breast, VTE, stroke endometrial) ratio for HRT based on personal and family risk profile and patient choice and understands how this is affected by route of delivery.• Counsels a woman with specific pre-existing medical conditions on the management of the menopause.• Demonstrates familiarity with the long-term effects of HRT on the bone.• Is able to advise on the long-term effects of HRT on the cardiovascular system, cognitive function and dementia, and to the breast.• Discusses changes in memory and cognitive function in menopausal women and the potential benefits of HRT.
Is aware of alternative treatments	<ul style="list-style-type: none">• Counsels on the efficacy and safety of pharmaceutical alternatives for managing menopausal symptoms.• Counsels on the efficacy and safety of complementary therapies for managing menopausal symptoms.
Is able to undertake clinical assessment of osteoporosis risk and make appropriate recommendations	<ul style="list-style-type: none">• Correctly identifies patients with risk factors for osteoporosis.• Discusses lifestyle and therapeutic interventions to women at risk of osteoporosis and those with established disease.• Applies knowledge of the role of calcium and vitamin D supplementations in menopausal women at risk of osteoporosis.• Recommends appropriate investigations, e.g., DEXA.• Interprets bone density assessment findings.• Conveys the findings to patients to enhance understanding without unnecessary alarm.• Liaises with osteoporosis/radiologist specialist.
Is able to risk assess and advise women with personal and/or familial cardiovascular risk factors	<ul style="list-style-type: none">• Discusses cardiovascular benefits and risks of HRT.• Discusses VTE and stroke risks with HRT and the effect of different routes of estradiol administration and type of progestogen.• Makes appropriate recommendations regarding therapeutic choices in patients with pre-existing cardiovascular disease.• Liaises with haematology specialist where appropriate.
Is able to undertake clinical assessment of breast cancer risk	<ul style="list-style-type: none">• Identifies and refers women with breast problems/cancer risk.• Offers management options for menopause symptoms/low bone density in women with previous breast cancer and those at an

increased risk due to a family history, including those who have undergone prophylactic risk-reducing surgery, and women using chemoprevention.

Evidence to inform decision

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| <ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice | <ul style="list-style-type: none"> • TO2 (including SO) • Local and Deanery Teaching • RCOG e-learning |
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Knowledge criteria

- The place of estrogen, progestogen, and testosterone and their side effects
- The routes of delivery for medication and circumstances when these are indicated
- Types of HRT available and different combinations
- Contraindications, risks and adverse effects of different preparations
- The implications and management options, and the role of conventional and complementary therapies, for the woman with:
 - breast cancer
 - gynaecological malignancy, e.g., ovarian, endometrial and cervical
 - endometriosis
 - fibroids
 - neurological disease, e.g., migraine, epilepsy, Parkinson's disease, Alzheimer's disease, multiple sclerosis
 - gastrointestinal disease, e.g., Crohn's diseases, disorders of the gall bladder and liver, lactose intolerance
 - endocrine, e.g., diabetes and thyroid disease
 - autoimmune disease, e.g., rheumatoid arthritis, SLE
 - HIV
- The importance of lifestyle and environment on risk
- Bone physiology including genetics, peak bone mass, and contributing factors (environment, exercise, anorexia/bulimia)
- Methodology for investigating and screening bone density, including DEXA and ultrasound densitometry
- Bone markers and their relevance
- Fracture risk assessment tools (e.g., FRAX, QFracture, Garvan)
- The role and place of HRT and pharmaceutical alternatives, e.g., bisphosphonates SERMs
- The predisposing factors for cardiovascular risk, e.g., obesity, diabetes, blood pressure, thrombotic risk
- The effect of estrogen on lipid profile, vascular dynamics, coagulation factors, insulin sensitivity, weight distribution and cellular oxidation
- Epidemiological studies and distinction between primary and secondary prevention
- Understanding of basic lipid profile, homocysteine and cardiovascular risk markers, e.g. lipoprotein a, and genetic markers
- The concepts and application of cognitive assessment and examination
- Epidemiology of dementia and genetic predisposition
- Patho-aetiology of dementia, e.g. amyloid deposition, cholinergic transmission

- Effects of estrogen on the central nervous system, neural cells
- Oestrogen receptor sites and neurotransmitters
- Suppression of apolipoprotein E
- Effects on cerebral blood flow
- Different types of dementia
- Treatable causes, e.g., endocrine, toxic, traumatic and metabolic, cholinesterase inhibitors
- Non-modifiable and lifestyle risk factors for breast cancer
- The role of HRT in women with benign breast conditions and the different levels of risk in these groups
- Principles of the NHS breast screening programme and the indications for imaging in symptomatic women
- The referral guidelines for women with breast symptoms and diagnostic triple assessment
- Principles of adjuvant endocrine therapy for breast cancer and chemoprevention in women at high risk of breast cancer in order to advise patients appropriately
- The risks of treatment and non-treatment.

MPC CiP 3: The doctor diagnoses and manages the care of women with premature ovarian insufficiency (POI).

Key Skills	Descriptors
Is able to diagnose POI	<ul style="list-style-type: none"> • Applies an understanding of the physiological changes in FSH levels, inter-cyclical variations and the role of FSH in the diagnosis of POI. • Is able to diagnose POI and discusses differential diagnosis.
Is able to discuss the short-term and long-term sequelae of POI and its management	<ul style="list-style-type: none"> • Counsels on the impact of POI on bone, cardiovascular and cognitive health and is able to discuss the role of HRT / combined hormonal contraception (COC) in minimising the long-term health sequelae associated with POI. • Discusses the role of HRT for symptom management. • Is able to demonstrate understanding of contraceptive needs/options in women with POI.
Manages low bone density in women with POI	<ul style="list-style-type: none"> • Screens for bone density, e.g., DEXA and bone turnaround markers and understands their relevance. • Discusses lifestyle modifications, the role of weight-bearing exercise, calcium and Vitamin D supplementations.
Evidence to inform decision	
<ul style="list-style-type: none"> • Mini-CEX • CBD • Reflective practice 	<ul style="list-style-type: none"> • TO2 (including SO) • Local and Deanery Teaching • RCOG e-learning
Knowledge criteria	
<ul style="list-style-type: none"> • The physiology, epidemiology and demography of the climacteric to include: 	

- Endocrine changes
- Aetiology of ovarian failure
- Primary and secondary ovarian failure & surgical menopause
- The role of AMH in assessing ovarian reserve and its potential role in the assessment of women with POI where the diagnosis is inconclusive
- Genetics of the menopause and the role of genetic screening and auto-antibody screening in women with POI
- The differences between HRT, COC as well as the difference between COC containing ethinyl estradiol and COC preparations containing estradiol
- The fertility implications of POI and the options available to women with POI seeking a pregnancy including the role of egg donation
- The role, pros and cons of fertility preservation and oocyte freezing in women at risk of POI
- The role of HRT in treating low bone density
- The limitations and reservation regarding the use of bisphosphonates in women with POI

MPC CiP 4: The doctor assesses and manages abnormal bleeding in peri- and post-menopausal women and unscheduled bleeding in women on HRT.	
Key Skills	Descriptors
Is able to recognise and investigate abnormal endometrial bleeding	<ul style="list-style-type: none"> ● Assesses bleeding pattern and recognises abnormal bleeding. ● Interprets ultrasound and endometrial histology results. ● Chooses appropriate HRT regimen according to bleeding pattern and uterine status. ● Modifies HRT regimen if bleeding or progestogenic side effects. ● Discusses the risk of endometrial cancer with HRT.
Evidence to inform decision	
<ul style="list-style-type: none"> ● Mini-CEX ● Cbd ● Reflective practice 	<ul style="list-style-type: none"> ● Local and Deanery Teaching ● TO2 (including SO) ● RCOG e-learning
Knowledge criteria	
<ul style="list-style-type: none"> ● The difference between sequential and continuous combined HRT regimens and the bleeding patterns expected with both. ● The causes of abnormal bleeding in peri-menopausal and post-menopausal women and those of unscheduled bleeding in women on HRT, and the principles of assessment in such cases. ● The management options for women with unscheduled bleeding on HRT including modifications of their progestogen intake including changing dose, duration of intake or the progestogen preparation used within the HRT regimen. 	

MPC CiP 5: The doctor is able to manage a menopause service.	
Key Skills	Descriptors

Demonstrates service development	<ul style="list-style-type: none"> Liaises with management teams and Clinical Commissioning Groups. Has an understanding of financial considerations. Participates in clinical governance experience. Demonstrates involvement in quality improvement. Is able to undertake data analysis and collection related to outcomes.
Develops clinical guidelines and patient information	<ul style="list-style-type: none"> Is aware of available sources of both written and web-based information. Designs or adapts patient information for local use and understands local process. Participates in writing protocols, clinical pathways, service development and evidence-based guidelines. Establishes and/or enhances local clinical pathways.
Evidence to inform decision	
<ul style="list-style-type: none"> Mini-CEX CbD Reflective practice Local and Deanery Teaching TO2 (including SO) 	<ul style="list-style-type: none"> RCOG e-learning Perform quality improvement project NOTSS Develops, enhances local clinical pathways
Knowledge criteria	
<ul style="list-style-type: none"> Principles of setting up and maintaining a formulary Organisational structure of CCGs / Trusts and funding issues Ethical issues related to clinical decision making and legal responsibilities Links with primary and secondary care The leadership skills required in clinical organisation The definition and conduct of audit e.g., benchmarking, audit cycle, closing the loop The principles of research methodology, specifically: <ul style="list-style-type: none"> types of projects e.g., observational/RCT/translational role of R&D department importance of GCP obtaining ethics approval (COREC/MREC/LREC) application for funding role of MHRA / EMEA / FDA <p>The evidence base of best practice, including quantitative research, principles of statistics, healthy user bias and factors of statistical confabulation</p>	

SECTION 2: PROCEDURES

There are no procedures in this ATM.

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs

- Domain 1: Professional values and behaviours
- Domain 2: Professional skills
- Practical skills
 - Communication and interpersonal skills
 - Dealing with complexity and uncertainty
- Domain 3: Professional knowledge
- Professional requirements
 - National legislative structure
 - The health service and healthcare system in the four countries
- Domain 5: Capabilities in leadership and team working
- Domain 6: Capabilities in patient safety and quality improvement
- Domain 8: Capabilities in education and training
- Domain 9: Capabilities in research and scholarship

SECTION 4: MAPPING OF ASSESSMENTS TO MPC CiPs

MPC CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor is able to assess the woman presenting with menopausal symptoms.		X	X		X	X
2: The doctor understands the benefits and risks of HRT and alternative therapies.		X	X		X	X
3: The doctor diagnoses and manages the care of women with premature ovarian insufficiency (POI).		X	X		X	X
4: The doctor assesses and manages abnormal bleeding in peri- and post-menopausal women and unscheduled		X	X		X	X

MPC CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
bleeding in women on HRT.						
5: The doctor is able to manage a menopause service.		X	X	X	X	X

SECTION 5: RESOURCES (OPTIONAL)

1. Management of the menopause 6th Edition, September 2017. Publisher: British Menopause Society ISBN: 9780995739802
2. National Institute for Health and Care Excellence. Menopause: clinical guideline – methods, evidence and recommendations, (NG23), 12 November, Version 1.5, www.nice.org.uk/guidance/ng23/evidence/fullguideline559549261.
3. Hamoda H, Panay N, Arya R, Savvas M. The British Menopause Society & Women’s Health Concern 2016 recommendations on hormone replacement therapy in menopausal women. *Post Reproductive Health* 2016; 22(4): 165–183.
4. Baber RJ and Panay N. The IMS Writing Group. 2016 IMS Recommendations on women’s midlife health and menopause hormone therapy. *Climacteric* 2016; 19: 109–150.
5. Hamoda H; British Menopause Society and Women’s Health Concern. The British Menopause Society and Women's Health Concern recommendations on the management of women with premature ovarian insufficiency. *Post Reprod Health*. 2017 Mar;23(1):22-35. doi: 10.1177/2053369117699358. Review. PubMed PMID: 28381102.
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7. Avis NE, Carolina N and Crawford SL. Duration of menopausal vasomotor symptoms over the menopause transition. *JAMA* 2015; 175: 531–539.
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9. Collins P, Webb CM, de Villiers TJ, et al. Cardiovascular risk assessment in women – an update. *Climacteric* 2016; 19: 329–336.
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11. Boardman HM, Hartley L, Eisinga A, et al. Hormone therapy for preventing cardiovascular disease in postmenopausal women. *Cochrane Database Syst Rev* 2015; 3: CD002229.
12. Fournier A, Berrino F and Clavel-Chapelon F. Unequal risks for breast cancer associated with different hormone replacement therapies: Results from the E3N cohort study. *Breast Cancer Res Treat* 2008; 107: 103–111.
13. Fournier A, Mesrine S, Dossus L, et al. Risk of breast cancer after stopping menopausal hormone therapy in the E3N cohort. *Breast Cancer Res Treat* 2014; 145: 535–543.
14. Renoux C, Dell’Aniello S and Suissa S. Hormonreplacement therapy and the risk of venous thromboembolism: a population-based study. *J Thromb Haemost* 2010; 8: 979–986.

15. Renoux C, Dell'aniello S, Garbe E, et al. Transdermal and oral hormone replacement therapy and the risk of stroke: a nested case-control study. *BMJ* 2010; 340: c2519.
16. Stute P, Neulen J and Wildt L, et al. The impact of micronized progesterone on the endometrium: a systematic review. *Climacteric* 2016; 7137: 1–13.
17. *Post Reproductive Health – The Journal of the British Menopause Society*, Eddie Morris and Heather Currie (eds), Sage Publications.