



Curriculum 2024 Guide for Special Interest Training Module (SITM): Menopause Care (MPC)

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1. The Menopause Care SITM

This SITM is aimed at learners with an interest in menopause care. It provides training on how to assess and investigate women with menopause-related symptoms, understand the benefits and risks of HRT and alternative therapies, and counsel and advise women accordingly. As the learner progresses through the SITM, they will learn how to assess and manage abnormal bleeding in peri- and post-menopausal women, and unscheduled bleeding in women on HRT. They will also develop the skills to diagnose and manage women with premature ovarian insufficiency.

After completing this SITM, doctors will be prepared to take up a leadership role in a menopause service.

As a learner progresses through the SITM, they will learn how to handle a variety of scenarios. Learners will also participate in educational events to further develop their training. Throughout training, learners will need to reflect on whether a project has gone well, learn from positive and negative experiences, and use this to improve their own skills.

Before signing off on this SITM, the Educational Supervisor will decide the level of supervision required for each Menopause Care Capability in Practice (CiP), and whether this has been met. More detail is provided in Section 5.2 of the [Special Interest Training Definitive Document](#).

2. Design of the SITM

The Menopause Care 2024 SITM is made up of four Menopause Care (MPC) CiPs.

If undertaking the module full time, it is expected to take 12 months of training. However, this timeframe indicative as training is entirely competency based.

Learners must complete a minimum of two SITMs to obtain a certificate of completion of training (CCT). They can undertake any obstetrics or gynaecology SITM as their second SITM, depending on whether they are aspiring to a combined obstetrics and gynaecology or gynaecology-only special interest post.

Here is the GMC-approved Menopause Care SITM:

3. Capabilities in Practice (CiPs)

Menopause Care CiP 1: The doctor is able to assess someone presenting with menopausal symptoms.



Key skills	Descriptors
Takes a relevant medical and lifestyle history and performs an appropriate examination	<ul style="list-style-type: none"> • Takes an appropriate history and performs a relevant examination relating to menopause. • Formulates a differential diagnosis to identify the proper diagnosis. • Provides relevant health and lifestyle advice to help someone going through the menopause. • Is able to address ethnic and transcultural issues of someone going through the menopause. • Can prioritise a woman's needs.
Applies an understanding of the pathophysiology of the menopause to someone presenting with menopausal symptoms	<ul style="list-style-type: none"> • Performs an appropriate examination with minimum distress to the patient. • Demonstrates the principles of psychosexual evaluation. • Takes a sexual history, including dyspareunia, vaginismus, psychosexual dynamics and libido. • Identifies and refers women with psychosexual problems to psychosexual counselling.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice • Local and deanery teaching • RCOG Learning 	<ul style="list-style-type: none"> • Log of cases and audit • Observation of consultations • Management of consultations • TO2 (including SO)
Mandatory requirements	
No mandatory evidence	
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, including: <ul style="list-style-type: none"> ○ vasomotor symptoms, incidence and aetiology ○ connective tissue effects, including skin and hair ○ urogenital atrophy, the effect on someone's urethra, bladder, vagina and pelvic floor muscles ○ mood disorders ○ cognitive symptoms ○ sexual changes and sexual dysfunction • The benefits of hormone replacement therapy (HRT) on someone's cognitive function and memory • The role of support and education from affiliated psychosexual counsellors 	

Menopause Care 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 appropriate medical therapy and how it will be delivered	<ul style="list-style-type: none">• Creates an individual benefit (e.g. osteoporosis and cardiovascular) / risk (e.g. breast, venous thromboembolism (VTE), stroke endometrial) ratio for HRT. This is based on someone's personal and family risk profile and their choices. The patient should understand how this is affected by route of delivery.• Can counsel someone with specific pre-existing medical conditions on managing the menopause.• Demonstrates familiarity with the long-term effects of HRT on bones.• Is able to advise someone about the long-term effects of HRT on their cardiovascular system and cognitive function and dementia risk, 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 for managing menopausal symptoms	<ul style="list-style-type: none">• Can counsel someone on the efficacy and safety of pharmaceutical alternatives for managing menopausal symptoms.• Can counsel someone 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 who already have the disease.• Applies knowledge of the role of calcium and vitamin D supplements in menopausal women at risk of osteoporosis.• Recommends appropriate investigations, e.g. a bone density scan (DEXA scan).• Interprets bone density assessment findings.• Conveys bone density findings to patients to enhance their understanding without causing 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 the following with patients: Effect on VTE and stroke risks of HRT with modification due to route of administration.• Makes appropriate recommendations regarding therapeutic choices for patients with pre-existing cardiovascular disease.



	<ul style="list-style-type: none"> • Liaises with haematology specialist, where appropriate.
Is able to undertake clinical assessment of someone's 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. This includes those who have undergone prophylactic risk-reducing surgery, and women using chemoprevention.
Is able to recognise and investigate abnormal endometrial/unscheduled bleeding in per- and post-menopausal patients on HRT	<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 someone's bleeding pattern and uterine status. • Modifies HRT regimen if they have bleeding or side effects from taking progesterone. • Discusses the risk of developing endometrial cancer when someone is on HRT.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<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 Learning
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> • The place of estrogen, progestogen, and testosterone and their side effects • The routes of delivery for medication and circumstances when these are indicated • The types of HRT that are available and different combinations • Contraindications, risks and the adverse effects of different preparations • The implications and management options, and the role of conventional and complementary therapies, for a woman with: <ul style="list-style-type: none"> ○ breast cancer ○ gynaecological malignancy, e.g. ovarian, endometrial and cervical ○ endometriosis ○ fibroids ○ neurological disease, e.g. migraine, epilepsy, Parkinson's disease, Alzheimer's disease and multiple sclerosis ○ gastrointestinal disease, e.g. Crohn's disease, disorders of the gall bladder and liver, and lactose intolerance ○ endocrine, e.g. diabetes and thyroid disease 	



- autoimmune disease, e.g. rheumatoid arthritis and systemic lupus erythematosus (SLE)
- HIV
- The importance of lifestyle and environment on risk of e.g. being obese, smoking and alcohol consumption
- Bone physiology, including genetics, peak bone mass, and contributing factors (environment, exercise and anorexia/bulimia)
- Methodology for investigating and screening bone density, including the DEXA scan and ultrasound densitometry
- Bone markers and their relevance
- Fracture risk assessment tools (e.g. Fracture Risk Assessment Tool (FRAX[®], QFracture, Garvan Institute of Medical Research)
- The role and place of HRT and pharmaceutical alternatives, e.g. bisphosphonates and Selective Estrogen Receptor Modulators (SERMs)
- The predisposing factors for cardiovascular risk, e.g. obesity, diabetes, blood pressure and thrombotic risk
- The effect of estrogen on someone's lipid profile, vascular dynamics, coagulation factors, insulin sensitivity, weight distribution and cellular oxidation
- Epidemiological studies and the 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 of developing the disease
- Pathoetiology of dementia, e.g. amyloid deposition and cholinergic transmission
- Effects of estrogen on the central nervous system and 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 and, 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 developing the disease so that doctor can advise patients appropriately
- The risks of treatment and non-treatment
- The difference between sequential and continuous combined HRT regimens and the bleeding patterns that are expected with both.



- The causes of abnormal bleeding in perimenopausal and postmenopausal women and unscheduled bleeding in people on HRT, plus how to assess such cases.
- The management options for women with unscheduled bleeding on HRT, including changing the way they take progestogen. This could include changing the dose, duration of taking it or how progestogen is prepared in their HRT regimen.

Menopause Care 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 follicle-stimulating hormone (FSH) levels, inter-cyclical variations and the role of FSH in the diagnosis of POI. • Is able to diagnose POI and discusses differential diagnosis with patients who have the condition.
Is able to discuss the short-term and long-term sequelae of POI and how it can be managed	<ul style="list-style-type: none"> • Can counsel someone on the impact of POI on their bone, cardiovascular and cognitive health. Is able to discuss the role of HRT/combined hormonal contraception (Combined Oral Contraception (COC)) in minimising the long-term health sequelae associated with POI. • Discusses the role of HRT for managing symptoms. • 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 scan and bone turnover markers and understands their relevance. • Discusses lifestyle modifications, the role of weight-bearing exercise, calcium and vitamin D supplements.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<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 Learning
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> • The physiology, epidemiology and demography of the climacteric to include: <ul style="list-style-type: none"> ○ endocrine changes ○ aetiology of ovarian failure ○ primary and secondary ovarian failure and surgical menopause • The role of anti-Müllerian Hormone (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 autoantibody screening in women with POI
- The differences between HRT and COC. Also the difference between COC containing ethinylestradiol and those containing estradiol.
- The fertility implications of POI and the options available to women with POI who want to get pregnant, including the role of egg donation
- The role and 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

Menopause Care CiP 4: The doctor is able to manage a menopause service.

Key skills	Descriptors
Demonstrates that they can develop the service	<ul style="list-style-type: none"> • Liaises with management teams and clinical commissioning groups (CCGs). • Has an understanding of financial considerations to develop a menopause service. • Has experience in participating in clinical governance. • Can demonstrate that they have been involved 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 written and web-based information for patients. • Designs or adapts patient information so that it can be used locally and understands local processes for patient information. • Participates in writing protocols, clinical pathways, service development plans and evidence-based guidelines. • Establishes and/or enhances local clinical pathways.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<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 Learning • Perform quality improvement project • NOTSS • Develops and enhances local clinical pathways
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	



- 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 auditing e.g. benchmarking, audit cycle and closing the loop
- The evidence base of best practice, including quantitative research, principles of statistics, healthy user bias and factors of statistical confabulation
- The principles of research methodology, specifically:
 - types of projects e.g. observational/Randomised Controlled Trial (RCT)/translational
 - role of research and development department
 - importance of Good Clinical Practice (GCP)
 - obtaining ethics approval
 - Central Office for Research Ethics Committees/Multicentre Research Ethics Committees/Local Research Ethics Committees)
 - application for funding
 - role of Medicines and Healthcare Products Regulatory Agency/EMEA/FDA

4. GMC Generic Professional Capabilities (GMCs)

The key skills in the Menopause Care CiPs also map to a variety of [generic professional capabilities](#) (GPCs). When providing evidence of their progress in this SITM, learners should make sure that it also displays progress/capability in the GMC GPCs, such as dealing with complexity, teamwork and leadership, and knowledge of patient safety issues.

Mapping to the GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

Domain 3: Professional knowledge

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and team-working

Domain 6: Capabilities in patient safety and quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

Domain 8: Capabilities in education and training



Domain 9: Capabilities in research and scholarship

Learners can expect to be assessed on their wider skills as a medical professional, their skills in leadership and teamwork, and their level of clinical competence. Evidence showing progress in these areas will result in the learner progressing through the SITM.

To help learners and Educational Supervisors determine what acceptable progress looks like, there is a Statement of Expectations for each Menopause Care CiP.

Statement of Expectations for the Menopause Care SITM	
Meeting expectations for the Menopause Care CiP1	<p>Learners are meeting expectations and can independently take a relevant medical and lifestyle history, perform an appropriate examination and formulate a differential diagnosis.</p> <p>Learners have an understanding of the pathophysiology of the menopause and can explain this to the woman presenting with menopausal symptoms. Learners can also plan further investigations and make appropriate individualised management plans.</p>
Meeting expectations for the Menopause Care CiP2	<p>Learners are meeting expectations and are able to prescribe the appropriate therapy/preparation and route of delivery, and are aware of alternative treatments.</p> <p>The learner can undertake a clinical assessment of osteoporosis risk and make appropriate recommendations, assess and advise women with personal and/or familial cardiovascular risk factors, and perform a clinical assessment of breast cancer risk.</p> <p>The learner can recognise and investigate abnormal endometrial bleeding, including interpretation of ultrasound and endometrial histology results. They will be able to decide an appropriate HRT regimen according to bleeding pattern and uterine status, and according to bleeding or progestogenic side effects.</p>
Meeting expectations for the Menopause Care CiP3	<p>Learners are meeting expectations and are able to diagnose POI. They understand the physiological changes in FSH levels, inter-cyclical variations and the role of FSH in the diagnosis of POI.</p> <p>Learners understand the short-term and long-term sequelae of POI, including the management of low bone density. Learners also understand the role of HRT/COC in minimising the long-term health sequelae associated with POI.</p>
Meeting expectations for the Menopause Care CiP4	<p>Learners are meeting expectations and can demonstrate an understanding of service development requirements, including liaising with management teams and Clinical Commissioning Groups. They also understand the financial considerations and clinical governance experience and quality improvement aspects of a menopause service.</p> <p>Learners can develop clinical guidelines and patient information, clinical pathways and service development.</p>



The CiP knowledge criteria show the processes/frameworks a learner should understand and the clinical knowledge they must have if they want to work in menopause care. This is more in-depth than the knowledge base expected for the MRCOG. The key skills and descriptors outline the expected learning outcomes for the SITM. However, learners will not experience the entire range of possible scenarios during their training for this SITM; therefore, after completing the module they should continue their learning and skill development through their independent practice as a Menopause Care special interest doctor and at multidisciplinary team (MDT) meetings.

5. Procedures associated with the Menopause Care CiPs

There are no procedures associated with this SITM.

6. Evidence required

As learners progress through SITM training, they are expected to collect evidence that demonstrates development and acquisition of the key skills, procedures and knowledge. This evidence will be reviewed by the SITM Educational Supervisor when they are making their assessment for each CiP. Examples of types of evidence a learner may use to show progress in the SITM are given below. **Please note that this list shows possible, not mandatory, types of evidence** (see Section 5.6 in the [Special Interest Training Definitive Document](#) or more detail).

If workplace-based assessments are listed, then at least one must be presented as evidence. The emphasis should be firmly on the **quality** of evidence, not the quantity.

• Case-based discussions	• RCOG (and other) eLearning
• Mini-Clinical Evaluation Exercise (Mini-CEX)	• Attendance at relevant conferences and course
• Discussion of correspondence (Mini-CEX)	• Procedural log
• Reflective practice	• Case presentations
• Team observation (TO2), including self-observation	• Case log
• NOTSS	• Quality improvement activity
• Local, Deanery and National Teaching	



The table below may be useful for learners to see whether a specific workplace-based assessment can be used as evidence of progress in a specific Menopause Care CiP:

Menopause Care CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
1: The doctor is able to assess someone 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 is able to manage a menopause service.		X	X	X	X	X

7. Career guidance

Learners can only undertake two SITMs at any one time, and a minimum of two SITMs are required to obtain a CCT in obstetrics and gynaecology. Learners can undertake any obstetrics or gynaecology SITM with the Menopause Care SITM. The choice of second SITM depends on whether a learner is aspiring to a combined obstetrics and gynaecology or gynaecology-only special interest career. However, this will also depend on the training opportunities available for their chosen SITMs.

For further career advice, learners should have a discussion with their SITM Director.



8. Further resources

The further resources listed below can be found on the [RCOG Curriculum 2024 webpages](#):

- [Essential Curriculum Guide](#)
- [Special Interest Training Definitive Document](#) containing the 2024 curricula for SITMs and SIPMs)
- [British Menopause Society \(BMS\)](#)

Find out more at
rcog.org.uk/curriculum2024



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