

Women's Health Compatibility Framework

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Introduction to the Women's Health Compatibility Framework

The purpose of this Women's Health compatibility framework is to provide a structure for learning and development of skills across various topics relating to Sexual and Reproductive Health. This framework is intended primarily for GPs and other healthcare professionals in patient facing roles working in the community.

Each module has a basic, intermediate and advanced level and can be built upon depending on the current competency and role of the clinician.

The content for each topic includes a description and requirements expected of a clinician working at the specified level. The framework includes online resources for learning and suggestions for in person learning across NEL as well as helpful contacts to arrange further experience and training.

This framework is intended to be holistic and provides a basis for Women's Health consultations, focussing on the social and psychological factors as well as physical symptoms. Our aim is to encourage clinicians to consider cultural competency and to employ a trauma-informed approach as well as develop their clinical knowledge and practical skills necessary to provide quality care in Women's Health.

Principles for delivery of care – what we would expect all people working in a women's service to sign up to:

Principles for Delivery of Care in Women's Health Services

All clinicians delivering Women's Health services across North East London are expected to work in line with the following principles. These reflect our shared commitment to high-quality, equitable, and person-centred care, grounded in the values of general practice and support both the development of clinicians and the health and wellbeing of the communities we serve.

1. Patient Centred Care

- Use consultation styles that centre around the patient's ideas, concern and expectations, taking into account their goals and individual health priorities.
- Combine clinical knowledge with a personalised approach that reflects the diversity of women's experiences, stages of life, and wider social contexts.
- Ensure communication is empathetic, respectful, inclusive, and adapted to the needs, preferences, and cultural backgrounds of patients. As well as creating rapport with the patient
- Foster continuity where possible, recognising the unique role of general practice in building trusted relationships over time.

2. Consistency with National and Local Guidance

- Deliver care in line with national evidence-based guidelines (e.g. NICE, RCOG, FSRH) and local pathways developed across NEL.
- Use resources on the NEL intranet portal, EMIS-based tools and compatibility frameworks to support safe, consistent, and structured care delivery.

- Balance guidelines with sound clinical judgment, taking into account the individuals physical and psychosocial history, needs and background shared during the consultation.

3. Commitment to Ongoing Learning and Development

- Engage actively with this framework's tiered learning model (basic, intermediate, advanced) to identify learning needs and build confidence.
- Participate in a range of learning opportunities, including e-learning, teaching sessions, shadowing and peer reflection.
- Embrace the evolving nature of Women's Health care and maintain up-to-date knowledge and skills relevant to primary care practice.

4. Joined-Up, Collaborative Care

- Collaborate with colleagues across general practice, community gynaecology, Women's Health Hubs, sexual health, and secondary care as well as community services to ensure a holistic approach is adopted when managing patients, with clear knowledge of the local services available, leading to a seamless patient journeys.
- Make timely and appropriate referrals, following agreed NEL pathways and using shared documentation to support continuity.
- Take part in system-wide quality improvement, integrated care pathways, and multidisciplinary learning wherever possible.

5. Reflective, Safe, and Ethical Practice

- Be aware of one's own limits and seek advice, supervision, or escalation when necessary.
- Use clinical experiences, colleague and patient feedback to inform reflective practice and professional growth.
- Prioritise safeguarding, patient dignity, and confidentiality in every clinical encounter.
- Uphold the principles of equity, professionalism, and safety in line with the values of the NHS and general practice.

Trauma informed care and Cultural competence

Women often complain that they don't feel heard or feel dismissed when they talk to their doctors. We want to develop clinicians who do not just have clinical skills but also empathy and compassion when consulting with women. We also want to develop clinicians who have an awareness that patients come from a range of different cultural backgrounds and also may have been subjected to trauma in the past.

When considering trauma informed principles we encourage clinicians to be sensitive to the idea that patients may have been subject to previous physical or psychological trauma. When considering cultural competence we encourage clinicians to be skilled in developing care to women from different communities. By embracing these principles we hope to develop highly skilled clinicians who are able to provide high quality holistic care for the women of North East London. For specific training please refer to the educational resources listed below.

Education resources

[Trauma-Informed Care - elearning for healthcare](#)

[Trauma Informed Care - GP Website](#)

[RCGP Safeguarding toolkit: Trauma-informed practice | RCGP Learning](#)

Communication skills

<https://www.rcog.org.uk/guidance/patient-safety/maternity-safety/listening-to-women-and-compassionate-care/>

Women’s Health Capability framework - Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD)

<u>Framework Level</u>	<u>Level Descriptor</u>	<u>Requirements to work a at this level</u>	<u>Self-directed learning - Theory</u>	<u>In-person learning, referral services - Practical</u>
Basic	<ol style="list-style-type: none"> 1. Understanding the definition of Premenstrual syndrome and Premenstrual disorders. And that Premenstrual syndrome (PMS) is part of a complex group of conditions known as the premenstrual disorders (PMDs) 2. Appreciating most women experience some noticeable premenstrual symptoms before menstruation and this is physiological, but when severe enough to have an impact on quality of life medical intervention is often required. 3. Insight that PMDs includes a variety of physical and psychological symptoms and it is the timing, rather than the types of symptoms, and the degree of impact on daily activity that supports a diagnosis of PMS 	<ol style="list-style-type: none"> 1. To be able to diagnose PMD and understand the timing of the symptoms is more important than their character 2. To be able to recognise the common physical, psychological , behavioural and cognitive symptoms in PMD. 3. The ability to take a history, including full gynae history and establish timing of symptoms 4. Ability to provide first line treatment including hormonal and non-hormonal options. 	<p><u>Reading:</u></p> <p>Premenstrual syndrome Health topics A to Z CKS NICE</p> <p>Women’s Health – North East London</p> <p>Managing premenstrual syndrome (PMS) RCOG</p> <p>Diagnosis of premenstrual syndrome (PMS) – GPnotebook</p> <p>PMDD (premenstrual dysphoric disorder) – GPnotebook</p>	<p>Women’s health hub A&R triage sessions and Face to face clinics</p> <p>Tower Hamlets: janet.barter@nhs.net</p> <p>Walthamforest: Nandita.deo@nhs.net</p> <p>Hackney: Ivy Centre Community Gynaecology clinics</p>

	<p>4. Awareness that PMDs can be a multisystem disorder, affecting a patient , physically , mentally and emotionally and the need for a holistic empathetic approach to management.</p> <p>5. Awareness that patient’s with PMD may have comorbid physical and mental health issues and this should be explored and taken into account when discussing treatment options.</p>	<p>5. To be confident in providing the following management options:</p> <ul style="list-style-type: none"> - encourage healthier lifestyle, diet, regular exercise, yoga etc - Ovulation suppression in the form of Combined new generation COCP and advise to take continuously rather than cyclically. - Psychological treatment in the form of low dose SSRIs <p>6. Sign posting to patient support resources</p>	<p>Patient support resources: National Association for Premenstrual Syndrome [http://www.pms.org.uk/]</p> <p>Managing PMS RCOG leaflet [https://www.rcog.org.uk/en/patients/patient-leaflets/managing-premenstrual-syndrome-pms/]</p> <p>https://www.pms.org.uk/support/menstrual-diary/</p>	<p>Wed AM, Fri AM Sue.mann1@nhs.net</p> <p>PCN clinics Thursday AM (vary weekly) Richmond road (London Fields PCN), Elsdale St (well St Common PCN) Ahna.allan@nhs.net</p> <p>Lower Clapton General Practice (Hackney Marshes and Hackney Downs PCNs) Thursday AM Rosalind.briggs2@nhs.net</p> <p>Newham:</p>
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<p>Intermediate</p>	<ol style="list-style-type: none"> 1. All of the above basic level competencies plus below: 2. Clear knowledge and understanding of different phases of the menstrual cycle. 3. To differentiate physiological menstrual symptoms from PMS. 4. To understand symptoms must cause significant impairment during the luteal phase of the menstrual cycle 5. Awareness that 40% of women suffer from PMS and 4-8% suffer from a severe form 6. An understanding of the two main theories surrounding the aetiology of PMS and PMDD , the Progesterone and Neurotransmitters theories. 7. Ability to assess all systems physical and psychological. 8. Understanding the classifications of PMD and their definitions. 	<ol style="list-style-type: none"> 1. Confident in taking a full gynae history and establish timing of symptoms 2. To describe in depth to the patient how to keep a symptom diary over two consecutive menstrual cycles. 3. The knowledge and ability to describe how to use the daily record of severity of problems (DRSP) or NAPS chart 4. Recognising the symptoms required to meet the criteria for core PMD diagnosis 5. Recognising more complex features and symptoms that do not meet the criteria for core PMD and indicate Variant PMD. 6. The ability to further sub divide Variant PMD into the following four categories and providing the 	<ol style="list-style-type: none"> 1. <u>Royal College of Obstetricians and Gynaecologists. <i>Premenstrual Syndrome, Management. Green-top Guideline No. 48.</i> London: RCOG; 2016.</u> https://obgyn.online.library.wiley.com/doi/pdf/10.1111/1471-0528.14260 2. NAPS Guidelines on Guidelines on Premenstrual Syndrome Nick Panay BSc MRCOG MFSRH guidelinesfinal60210.pdf 3. <u>O'Brien S, Rapkin A, Dennerstein L, Nevatte T. <i>Diagnosis and management of</i></u> 	<p>Women's health hub A&R triage sessions and Face to face clinics</p> <p>Tower Hamlets: janet.barter@nhs.net</p> <p>Walthamforest: Nandita.deo@nhs.net</p>

	<p>9. In depth understanding of Core and Variant Premenstrual Disorders.</p> <p>10. Understanding that Variant Premenstrual Disorders is further subdivided into four categories, with in depth knowledge of the criteria of these categories and varying management required.</p> <p>11. Awareness of the full range of management options for all types of PMD, including psychological, ovulation suppression, complementary therapies and lifestyle interventions.</p>	<p>appropriate management options for each:</p> <ul style="list-style-type: none"> - Premenstrual exacerbation (PME) - Premenstrual disorder with absent menstruation - Progestogen-induced premenstrual disorder - Progestogen-induced premenstrual disorder <p>7. To be able diagnose PMD accurately using available tools such as Symptom diaries and charts.</p> <p>8. To be confident to advise the following management options healthier lifestyle, cognitive behavioural therapy and appropriate evidence based complementary therapies e.g. Agnus Castus, Vitamin B6, Calcium/vit D, evening primrose oil</p> <p>9. To initiate and monitor first and second line management options.</p> <p>10. To be confident initiating Ovulation suppression</p>	<p><u>premenstrual disorders. <i>BMJ</i> 2011;342:d2994.</u> https://www.bmj.com/content/342/bmj.d2994.long</p> <p>4. Nevatte, T., O'Brien, P.M.S., Bäckström, T. <i>et al.</i> ISPMD consensus on the management of premenstrual disorders. <i>Arch Womens Ment Health</i> 16, 279–291 (2013). https://link.springer.com/article/10.1007/s00737-013-0346-y#citeas</p> <p>5. National Association for Premenstrual Syndrome. <i>Guidelines on Premenstrual Syndrome.</i></p>	
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		<p>using combined new generation COCP. Knowledge of new generation COCP.</p> <p>11. Be able to manage psychological symptoms with continuous or luteal phase (day 15–28) low dose SSRIs. And provide SSRI's counselling including discontinuation, side effects and preconception and conception counselling. Confidently increasing to higher doses if second line treatment required.</p> <p>12. Providing second line management with Ovulation Suppression via Estradiol patches + endometrial protection with progesterone.</p> <p>13. Recognise signs and symptoms of resistant PMS or persistent progestogenic side-effects and the need for 3rd and 4th line treatment and need for referral to Gynaecology</p>	<p>https://www.pms.org.uk/assets/files/guidelinesfinal60210.pdf</p> <p>6. Ismail, K.M.K., Nevatte, T., O'Brien, S. <i>et al.</i> Clinical subtypes of core premenstrual disorders: a Delphi survey. <i>Arch Womens Ment Health</i> 16, 197–201 (2013).</p> <p>7. <u>Walsh S, Ismaili E, Naheed B, O'Brien S. Diagnosis, pathophysiology and management of premenstrual syndrome. <i>The Obstetrician & Gynaecologist</i> 2015; 17:99–104. https://elearning.rcog.org.uk/sites/default/files/Premenstrual%20disorders/Walsh_et_al-2015-The_Obstetrician</u></p>	
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			<p>%26_Gynaecologis_t.pdf</p> <p>8.</p> <p><i>Understanding the aetiology of PMD</i> https://womensmentalhealth.org/specialty-clinics/pms-and-pmdd/the-etiology-of-pmdd/</p>	
<p>Advanced</p>	<p>All basic and intermediate competencies as well as:</p> <ol style="list-style-type: none"> 1. Independently and confidently diagnosing and managing resistant and complex Premenstrual disorder presentations and patients with co-morbidities such as Diabetes, depression, epilepsy and migraines 2. Independently manage any additional symptoms including pelvic pain, abnormal uterine bleeding and contraception requirements. 	<ol style="list-style-type: none"> 1. The ability to recognise when the diagnosis is unclear from 2 months' prospective DRSP charting and when to use GnRH analogues to establish and/or support a diagnosis of PMS. 2. Diagnosing resistant PMS or persistent progestogenic side-effects. 3. Being able to provide third line treatment with GnRH analogues and continuous 	<p>RCOG eLearning Core Knowledge tutorial. Premenstrual Disorders. Premenstrual disorders</p> <p>RCPsych PMDD e-learning</p> <p>https://elearninghub.rcpsych.ac.uk/products/Premenstrual_dysphoric_disorder</p> <p>Completion of Faculty or sexual and Reproductive</p>	<p>Women's health hub A&R triage sessions and Face to face clinics</p> <p>Tower Hamlets: janet.barter@nhs.net</p> <p>Walthamforest: Nandita.deo@nhs.net</p>

		<p>combined estrogen + progesterone or Tibolone</p> <p>4. Confident liaising with the mental health teams to manage severe PMDD.</p> <p>5. Recognise when to refer for Fourth Line Surgical intervention such as hysterectomy and BSO.</p>	<p>Healthcare Diploma (DFSRH) https://www.fsrh.org/Public/Education-and-Training/diploma.aspx</p>	
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Women's Health Capability framework - PCOS, Oligomenorrhoea and Amenorrhoea

<u>Framework Level</u>	<u>Level Descriptor</u>	<u>Requirements to work a this level</u>	<u>Self-directed learning - Theory</u>	<u>In-person learning, referral services - Practical</u>
Basic	<p>1. Have an understanding of menarche and definition of oligomenorrhoea and amenorrhoea.</p> <p>2. Have an awareness of the differential diagnoses of amenorrhoea and oligomenorrhoea (once pregnancy has been excluded)</p> <p>3. Be aware how different causes of amenorrhoea vary in clinical presentation eg. Low BMI vs high BMI, androgenic features, vasomotor symptoms</p> <p>4. Know the initial investigations you should carry out if a patient presents with suspected polycystic ovary syndrome (PCOS) and how to interpret the results</p> <p>5. Be aware of other factors to consider eg. Comorbid chronic</p>	<p>Knowing when periods are infrequent enough to consider further investigation and management</p> <p>Consider the other causes such as Turner syndrome and primary ovarian insufficiency (POI) as well as endocrine and adrenal causes. Be aware of when onward referral or input is required eg Endocrinology review if features suggesting alternative diagnosis</p> <p>Awareness of The International PCOS Network diagnostic criteria (also referred to as the revised consensus Rotterdam criteria)</p> <p>Awareness of blood tests such as testosterone</p>	<p>https://cks.nice.org.uk/topics/polycystic-ovary-syndrome/#!topicsummary</p> <p>https://cks.nice.org.uk/topics/amenorrhoea/</p> <p>https://www.womens-health-conc3.ern.org/help-and-advice/factsheets/polycystic-ovary-syndrome-pcos/</p> <p>https://teachmeobgyn.com/gynaecology/menstrual/oligomenorrhoea/</p> <p>https://pcwhf.co.uk/</p> <p><u>Teede H, Tay CT, Laven J, et al. International Evidence-based Guideline for the Assessment and</u></p>	<p>For all shadowing opportunities at BHRUT email medical staffing coordinator bhrut.oandgmedicalstaffing@nhs.net to ensure selected clinic is running.</p> <p>Clinics listed are general gynaecology clinics</p> <p>Hackney: Ivy Centre Community Gynaecology clinics Wed AM, Fri AM Sue.mann1@nhs.net</p> <p>PCN clinics Thursday AM (vary weekly) Richmond road (London Fields PCN), Elsdale St (well St Common PCN) Ahna.allan@nhs.net</p>

	<p>disease, medications including long term steroid use, stress and how this might impact on the menstrual cycle</p>	<p>SHBG FAI and the use of pelvic ultrasound</p> <p>Awareness of how to exclude differential Diagnoses in order to make an accurate diagnosis eg. PCOS versus functional hypothalamic amenorrhoea (FHA)</p> <p>Awareness of the difference in management and concerns depending on diagnosis eg osteoporosis in FHA and POI vs endometrial hyperplasia in PCOS</p>	<p><u>Management of Polycystic Ovary Syndrome 2023. Monash University. 2011, updated 2023.</u></p> <p><u>Balen AH, Conway GS, Homburg R, et al. Polycystic ovary syndrome: a guide to clinical management. London and New York: Taylor & Francis; 2005.</u></p> <p><u>Premature Ovarian Insufficiency</u></p> <p><u>https://thebms.org.uk/publications/consensus-statements/premature-ovarian-insufficiency/</u></p> <p><u>City & Hackney PCOS pathway</u> <u>https://gps.cityandhackneyccg.nhs.uk/pathways/polycystic-ovarian-syndrome-pathway</u></p>	<p>Lower Clapton General Practice (Hackney Marshes and Hackney Downs PCNs) Thursday AM Rosalind.briggs@nhs.net</p> <p>Newham:</p>
<p>Intermediate</p>	<p>1.Be able to counsel patients on the long term health consequences of PCOS.</p> <p>2.Understand how to initially</p>	<p>Being able to counsel patients on specific long term consequences such as fertility, metabolic syndrome, sleep apnoea,</p>	<p><u>https://www.monash.edu/medicine/mchri/pcos/guideline</u></p> <p><u>Royal College of</u></p>	<p>Shadowing opportunities at BHRUT Queens hospital Mondays Am Kunal Rathod</p>

	<p>manage patients complaining of oligomenorrhea, androgenic symptoms, or infertility and hirsutism.</p> <p>3. Be aware of additional blood tests that could be used in diagnosis</p> <p>4. Be able to provide holistic lifestyle counselling tailored to diagnosis and body mass index</p> <p>5. Be proactive in involving other MDT members eg dietician, psychologist where appropriate and possible.</p> <p>6. Be aware of what to consider in management plan including endometrial protection, bone mineral density, and metabolic risk</p>	<p>cancer, psychological disorders in PCOS.</p> <p>Be able to counsel on lifestyle management, screening for diabetes and IGT and the use of contraception.</p> <p>Awareness of the use of FSH, LH, AMH, Oestradiol (E2), Prolactin, TSH, DHEAS</p> <p>Awareness of necessary treatment to protect endometrial lining eg. COCP or 3 monthly provera to initiate bleed in PCOS</p> <p>Be aware of the treatment options for hirsutism</p> <p>Be aware of the treatment options for acne</p> <p>Be aware when additional investigations are required eg DEXA for bone mineral density in patients with possible FHA</p>	<p><u>Obstetricians and Gynaecologists. Long-term Consequences of Polycystic Ovary Syndrome (Green-top Guideline No. 33). 2014.</u></p>	<p>AM Michael Magro AM Anjita Sinha PM Madhavi Kaldindi PM Mona Sharna KGH PM Asma Aziz PM Alina Unipan Tuesday QH AM Mr Masood AM Asma Aziz KGH AM Mr Coker Wed AM Miss Kollipara PM Elizabeth Bean Thursday AM Miss Bano PM Sorina Bologna Fri AM Aruna Ramineni PM</p>
<p>Advanced</p>	<p>1. Be able to recognise when a</p>	<p>Order relevant</p>	<p>Balen AH, Conway GS,</p>	<p>Fertility Clomid Scanning</p>

	<p>woman is at risk of endometrial hyperplasia and investigate accordingly.</p> <p>2. Be able to carry out an endometrial biopsy.</p> <p>3. Being able to fit a LNG-IUD to prevent endometrial hyperplasia.</p> <p>4. Be able to advise about the use of metformin and clomifene in PCOS for patients with fertility issues.</p> <p>5. Understand when patients may require further fertility investigation and treatment.</p> <p>6. Understand the treatment options and evidence for these including oestrogen replacement for women with FHA and POI.</p>	<p>investigations such as ultrasound appropriately.</p> <p>Consideration of medication to reduce endometrial thickness</p> <p>Knowing when to carry out endometrial biopsy.</p> <p>Able to insert IUS</p> <p>Consider offering women anti-oestrogens (eg clomifene citrate) alone or in combination with metformin to induce ovulation.</p> <p>Be aware when fertility referral may be required for ovulation induction with injectable gonadotrophins in FHA.</p> <p>Be able to counsel women regarding the evidence for oestrogen replacement with regards to maintenance of bone mineral density in POI and FHA.</p>	<p>Homburg R, et al. Polycystic ovary syndrome: a guide to clinical management. London and New York: Taylor & Francis; 2005.</p> <p>Vessey MP, Painter R. Endometrial and ovarian cancer and oral contraceptives--findings in a large cohort study. Br J Cancer 1995;71(6):1340-2.</p> <p>Faculty of Sexual & Reproductive Health Care. FSRH Clinical Guideline: Problematic Bleeding with Hormonal Contraception. 2015.</p> <p>Balen AH, Morley LC, Misso M, et al. The management of anovulatory infertility in women with polycystic ovary syndrome: an analysis of the evidence to support the development of global WHO guidance. Hum Reprod Update 2016;22(6):687-708.</p>	<p>clinics are available all week.</p> <p>Hackney: Hysteroscopy Sandra Watson Priya Patel</p> <p>Fertility scanning clinics every week day Nader.aziz@nhs.net</p> <p>Newham:</p>
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			<p>Bone health in FHA</p> <p>Davies HO. A local audit evaluating bone health in patients with functional hypothalamic amenorrhoea secondary to an eating disorder and a review of the application of hormone therapy in this clinical setting. Post Reprod Health. 2024</p> <p>Sep;30(3):182-189. doi: 10.1177/20533691241261749. Epub 2024 Jun 14. PMID: 38874225</p>	
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WOMEN'S HEALTH COMPATABILITY FRAMEWORK

Menopause Management

Framework Level	Level Descriptor	Requirements to work at this level	Self-directed learning - Theory	In-person learning, referral services - Practical
Basic	<ol style="list-style-type: none"> 1. Understanding of how perimenopause and menopause may present. 2. Appreciation of differential diagnoses and overlap between menopause and other conditions. For example, depression, hyperthyroidism 3. Awareness of when diagnostic investigations may be helpful. 4. Awareness of the range of treatment options as well. 5. Understanding of risks, benefits and potential contraindications for hormonal treatment. 6. Understanding of how menopause may impact all aspects of a woman's life. 	<ol style="list-style-type: none"> 1. Be able to take a history and examine a patient presenting with symptoms suggestive of menopause such as hot flushes and brain fog. 2. Be able to identify indications for further investigation. E.g. when to do blood tests such as FSH3. Be able to comprehensively counsel women about their options for treatment, depending on individual risk factors and the ideas, concerns and expectations of individual patients. 4. Provide patient guidance for lifestyle measures and holistic advice about general wellbeing. Make sure consultation style is appropriate to the consultation. 5. Be able to determine which women require onward referral for 	<p>Reading:</p> <p>British Menopause Society Guidelines: https://thebms.org.uk/publications/tools-for-clinicians/</p> <p>NICE Menopause: Diagnosis and Management https://www.nice.org.uk/guidance/ng23</p> <p>NICE CKS Hormone Replacement Therapy Prescribing https://cks.nice.org.uk/topics/menopause/prescribing-ng-information/hormone-replacement-therapy-hrt/</p> <p>Primary Care Women's Health Forum Top 10 Tips for Hormone Replacement Therapy Prescribing: https://pcwhf.co.uk/resources/10-top-hrt-tips/</p> <p>Primary Care Women's Health Forum Patient Information: https://rockmymenopause.com/</p> <p>Familiarise yourself with these helpful patient information leaflets: -Women's Health Concern Breast Cancer: https://thebms.org.uk/wp-content/uploads/2023/01/WHC-Infographics-JANUARY-2023-BreastCancerRisks.pdf</p> <p>-Hot Flushes and Night Sweats https://pcwhf.co.uk/resources/menopause-hot-flushes-and-night-sweats-patient-leaflet/</p>	<p>For any queries, shadowing opportunities, or practice-based teaching requests please contact the Women's Health Hub (Community Gynaecology) huh-tr.communitygynaecology@nhs.net guyslade@nhs.net</p> <p>City and Hackney Menopause Management Education: https://gps.cityandhackneyccg.nhs.uk/education/video/menopause-management</p> <p>City and Hackney Community Gynaecology Service: https://gps.cityandhackneyccg.nhs.uk/service/community-gynaecology-service</p> <p>City and Hackney CCG Menopause Pathway: https://gps.cityandhackneyccg.nhs.uk/pathways/menopause-1</p> <p>Menopause clinics at Tower Hamlets Women's Health Hub and Community Women's Health Service at Mile End Hospital – Janet Barter, janet.barter@nhs.net</p>

WOMEN'S HEALTH COMPATABILITY FRAMEWORK

Menopause Management

		<p>additional treatment such as a mirena IUS.</p>	<p>https://www.fsrh.org/Public/Public/Education-and-Training/Menopause-Care-Professional-Certificate-MCPC.aspx</p> <p>NEL PORTAL: MENOPAUSE PATHWAY (YET TO BE UPLOADED) – for all of nel, also available as a emis template for Tower Hamlets, Walthamforest and Newham.</p> <p>Pathway – Menopause – North East London (icb.nhs.uk)</p>	<p>The WHH should be up and running in whipps by the time this goes out so there should be some opportunities to sit in on clinic there.</p>
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WOMEN'S HEALTH COMPATABILITY FRAMEWORK

Menopause Management

Framework Level	Level Descriptor	Requirements to work at this level	Self-directed learning - Theory	In-person learning, referral services - Practical
Intermediate	<p>All of basic competencies as well as:</p> <ol style="list-style-type: none"> 1. Appreciate complexity and breadth of presentations relating to menopause. 2. Understanding of initial investigations and where further investigations would be helpful and/or appropriate. 3. Awareness of full range of treatment options, including hormonal, non-hormonal, adjunct and alternative therapies. 4. Ability to assess all systems potentially affected by menopause including psychological, cognitive, sexual and physical symptoms such as hot flushes. 5. Awareness of long terms possible complications following menopause and how these could be mitigated. 6. Comprehensive understanding of risks associated with HRT and where this may be contraindicated. 	<ol style="list-style-type: none"> 1. Confidently take full general history as well as a clear focussed gynaecological /menopause history. 2. Be able to advise about appropriate tests and when investigation may or may not be helpful. 3. Be able to counsel women in detail about a full range of options for treatment. 4. Be able to establish what may be amenable to hormonal treatment and where alternative treatment may be considered such as herbal therapies. 5. Be able to counsel women about all short- and long-term risks and benefits of HRT based of their individual history. 6. Establish a treatment plan that meets the needs of the patient and ensure the patient has access to all the necessary 	<p>Faculty of Sexual and Reproductive Health Menopause Essentials: https://www.fsrh.org/Public/Public/Education-and-Training/essentials-of-menopause-care.aspx</p> <p>British Menopause Society Principles and Practice of Menopause Care: https://thebms.org.uk/education/principles-practice-of-menopause-care/bms-ppmc-resources-toolkit</p> <p>International Menopause Society IMPART training: https://www.imsociety.org/education/impart-registration/</p> <p>RCGP Menopause Education: https://www.imsociety.org/education/impart-registration/</p> <p>https://www.nhs.uk/medicines/hormone-replacement-therapy-hrt/alternatives-to-hormone-replacement-therapy-hrt/herbal-remedies-and-complementary-medicines-for-menopause-symptoms/</p> <p>Many GP's refer if a women bleeds after they have started her on HRT. https://gettingitrightfirsttime.co.uk/wp-content/uploads/2024/06/Summary-Guide-Management-of-Unscheduled-Bleeding-on-HRT-June-2024.pdf</p>	<p>City & Hackney Shadowing Opportunities Sit in Community Gynaecology clinics a. The Ivy Centre (St Leonards Hospital, Nuttal St, Hoxton) Dr Sue Mann - Wednesday AM Menopause Clinic Wednesday AM b. Women's Health Hub PCN GP led clinics - various GP surgeries in Hackney on Thursdays Contact us on: huh-tr.communitygynaecology@nhs.net guyslade@nhs.net</p> <p>Newham shadowing opportunities Specialist Menopause Clinics Ms Alpa Shah Ms Ferha Saeed Barts Tuesday Remote clinics Newham Women's Health Hub may be able to support in future</p> <p>BHRUT shadowing opportunities</p> <p>Specialist menopause Clinics Dr Farida Bano – contact faridabano@hotmail.co.uk Dr Aruna Ramineni -contact arunaraminemi@nhs.net Clinics alternate Friday mornings. Also possibility of seminars and tailored education Friday afternoons Rebecca Hall nurse specialist in menopause rebecca.hall112@nhs.net</p>

WOMEN'S HEALTH COMPATABILITY FRAMEWORK

Menopause Management

Framework Level	Level Descriptor	Requirements to work at this level	Self-directed learning - Theory	In-person learning, referral services - Practical
		<p>information to make an informed decision.</p>		<p>Mondays and Tuesdays at the Ilford exchange</p> <p>Menopause clinics at Tower Hamlets Women's Health Hub and Community Women's Health Service at Mile End Hospital – Janet Barter, janet.barter@nhs.net</p> <p>Whipps Cross Hospital Menopause Clinic – Anu Shahid anupama.shahid2@nhs.net Secretary: kremena.nikolova1@nhs.net</p>

WOMEN'S HEALTH COMPATABILITY FRAMEWORK

Menopause Management

Framework Level	Level Descriptor	Requirements to work at this level	Self-directed learning - Theory	In-person learning, referral services - Practical
Advanced	<ol style="list-style-type: none"> Independently and confidently manage complex menopause presentations including patients with a history of cardiovascular disease, breast cancer and increased venous thromboembolism risk. Independently manage any additional requirements including insertion of Mirena IUS for heavy bleeding. 	<ol style="list-style-type: none"> Be able to insert IUS for heavy bleeding associated with perimenopause. Be able to feel confident prescribing HRT or alternative treatment where there are significant risk factors or concerns in the patient's history. 	<ol style="list-style-type: none"> Completion of Faculty or sexual and Reproductive Healthcare Diploma (DFSRH) https://www.fsrh.org/Public/Education-and-Training/diploma.aspx https://www.bgcs.org.uk/wp-content/uploads/2024/09/BGCS-BMS-Guidelines-on-Management-of-Menopausal-Symptoms-after-Gynaecological-Cancer-09.09.24.pdf https://www.nice.org.uk/guidance/cg164/ifp/chapter/First-steps-finding-out-about-your-family-history https://thebms.org.uk/wp-content/uploads/2022/12/08-BMS-TfC-Testosterone-replacement-in-menopause-DEC2022-A.pdf Completion of Letter of Competence for Intra-uterine Contraception https://www.fsrh.org/Public/Education-and-Training/letter-of-competence-intrauterine-techniques-loc-iut.aspx Completion of British Menopause Society Menopause Management Certificate: https://thebms.org.uk/education/principles-practice-of-menopause-care/management-of-the-menopause-certificate 	<ol style="list-style-type: none"> Sit in Menopause Clinic Wednesday AM Ivy Centre Sit in Complex Contraception Clinic Sit in procedures clinic (for LARC training) – Thursday morning at Elsdales at surgery 2nd and 4th Thursday <p>4? Opportunities to sit in emergency gynae clinic to learn procedures at BHRUT TBC.</p> <p style="color: red;">Menopause clinics at Tower Hamlets Women's Health Hub and Community Women's Health Service at Mile End Hospital – Janet Barter, janet.barter@nhs.net</p> <p style="color: red;">For LARC training and complex contraception clinic in Tower Hamlets and Walthamforest please contact: chandni.sood@nhs.net</p> <p style="color: red;">Whipps Cross Hospital Menopause Clinic – Anu Shahid anupama.shahid2@nhs.net Secretary: kremena.nikolova1@nhs.net</p>

WOMEN'S HEALTH COMPATABILITY FRAMEWORK

Menopause Management

Framework Level	Level Descriptor	Requirements to work at this level	Self-directed learning - Theory	In-person learning, referral services - Practical
			<p>4. Menopause Care Professional Certificate (MCPC) FSRH</p>	

WOMEN'S HEALTH COMPATABILITY FRAMEWORK

Contraception including Long-Acting Reversible Contraception (LARC)

Framework Level	Level Descriptor	Requirements to work at this level	Self-directed learning - Theory	In-person learning, referral services - Practical
Basic	<ol style="list-style-type: none"> 1. Appreciation of range of options for contraception including benefits and risks/side effects of each. 2. Basic understanding of mode of action and efficacy of each method. 3. Understanding reasons for caution and contraindications for each method, for example, history of breast cancer, migraine with aura or venous thromboembolism (VTE) for combined hormonal contraception. 4. Awareness of FSRH UKMEC criteria and ability to apply this to any woman. 5. Ability to take a history, provide relevant information and support patient-led decision 	<ol style="list-style-type: none"> 1. Be able to take a history including focused sexual/gynaecological history, past medical history including medications and family history. 2. Be able to counsel a patient regarding the benefits and possible side effects and risk of each method, taking into consideration the individual history and using FSRH UKMEC. 3. Be able to signpost to detailed written information about each method. 4. Be able to initiate methods including POP and combined hormonal contraception. 5. Be aware of additional considerations including recent use of 	<p><u>Reading</u> Faculty of Sexual and Reproductive Health (FSRH) UK Medical Eligibility Criteria https://www.fsrh.org/Public/Public/Standards-and-Guidance/uk-medical-eligibility-criteria-for-contraceptive-use-ukmec.aspx</p> <p>FSRH Contraceptive Choices Website https://www.contraceptionchoices.org/</p> <p>Royal College of General Practitioners (RCGP) - learning resources</p> <p>Contraception Guidelines https://elearning.rcgp.org.uk/mod/page/view.php?id=6961</p> <p>Contraception e-learning https://elearning.rcgp.org.uk/mod/page/view.php?id=6877</p> <p>Contraception Reviews and papers https://elearning.rcgp.org.uk/mod/page/view.php?id=6962</p> <p>e-LFH modules on contraceptive choices and emergency contraception https://www.e-lfh.org.uk/programmes/sexual-and-reproductive-healthcare/</p> <p>Primary Care Women's Health Forum</p>	<p><u>City and Hackney</u> Inter-practice LARC clinics Lower Clapton General Practice Contact Rosalind.briggs2@nhs.net</p> <p>Ivy Centre (St Leonards Hospital, Nuttal St, Hoxton) Postnatal Contraception clinic Wednesday PM Contact Pauline.cumock@nhs.net</p> <p>Procedures Clinic Elsdale St surgery 2nd and 4th Thursday each month</p> <p><u>Newham</u></p> <p>For training opportunities and clinical advice for Newham, Waltham Forest and Tower Hamlets please email Dr Chandni Sood Advice line Bhnt.advice-sexual-health-Barts@nhs.net</p> <p>Newsletter with updates and opportunities for training for these boroughs, please contact to register as above.</p>

WOMEN'S HEALTH COMPATABILITY FRAMEWORK

	<p>making about preferred method.</p> <p>6. Appreciation of likely side effects and ability to counsel patients about this prior to use. For example, changes to bleeding pattern.</p> <p>7. Understanding of how methods should be used and when efficacy may be affected by factors such as imperfect use, additional medications or illness.</p> <p>8. Appreciation of when more specialist input and onward referral may be appropriate.</p>	<p>emergency hormonal contraception which may affect ability to quick-start and when additional barrier contraception is required.</p> <p>6. Be aware of where to signpost patients to obtain long-acting reversible contraception (LARC) including Intra-uterine contraceptive devices (IUCD), depo-provera and sub-dermal implants (SDI).</p> <p>7. Be able to assess when there is a risk of unintended pregnancy and if a woman requires emergency contraception, for example if late or missed pills, and what methods are available.</p> <p>8. Be able to explain the mode of action and efficacy of each of the emergency contraception options and counsel women about which may be most suitable.</p>	<p>Things you might not know about contraception – 10 top tips - Primary Care Women's Health Forum (pcwhf.co.uk)</p> <p>10 top tips for intrauterine contraception guidance - Primary Care Women's Health Forum (pcwhf.co.uk)</p> <p><u>Courses</u> Faculty of Sexual and Reproductive Health Contraceptive Counselling Online Course https://www.fsrh.org/Public/Education-and-Training/fsrh-contraceptive-counselling-online-course.aspx</p> <p>FSRH SRH essentials for Primary Care https://www.fsrh.org/Public/Education-and-Training/srh-essentials-for-primary-care.aspx</p>	
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WOMEN'S HEALTH COMPATABILITY FRAMEWORK

Framework Level	Level Descriptor	Requirements to work at this level	Self-directed learning - Theory	In-person learning, referral services - Practical
Intermediate	<p>All basic competencies as well as:</p> <ol style="list-style-type: none"> 1. Understand the evidence used to formulate the FSRH UKMEC and how to use this safely and appropriately in more complex cases. 2. Ensure women are initiated on a method that is most suitable for them in the short and long-term, either at the time of consultation or follow up arranged/signposting provided. 3. Ensure women are counselled about all options for emergency contraception including emergency Copper Intra-Uterine Devices and where this would be available. 4. Appreciate the differences in efficacy for each method of emergency contraception and be able to comprehensively counsel women to reduce the risk of unintended pregnancy. 	<ol style="list-style-type: none"> 1. Be able to provide comprehensive counselling regarding all options for contraception and has been supported to make a choice based on this information, including in more complex cases. 2. Be able to weigh up risks and benefits of each method in more detail considering the individual woman, for example the woman's attitude towards unintended pregnancy and past medical/family history. 3. Be able to initiate most methods of contraception including POP, combined hormonal contraception and depo-provera at the time of consultation. 4. Be able to identify when a woman may require an alternative method due to side effects or imperfect use and the options that may be more suited to her. 	<p>Faculty of Sexual and Reproductive Health Diploma (DFSRH)</p> <p>https://www.fsrh.org/Public/Public/Education-and-Training/diploma.aspx</p> <p>Royal College of Obstetrics and Gynaecology Diploma (DRCOG)</p> <p>https://www.rcog.org.uk/careers-and-training/exams/drcog-our-diploma-exam/</p>	<p><u>City and Hackney</u> Ivy Centre (St Leonards Hospital, Nuttal St, Hoxton) Complex Contraception Clinic Contact huh-tr.complexcontraception@nhs.net Alternate Tuesdays AM + PM Wednesday PM removal/insertion IUC Monthly Tuesday PM deep implant removal</p>

WOMEN'S HEALTH COMPATABILITY FRAMEWORK

Framework Level	Level Descriptor	Requirements to work at this level	Self-directed learning - Theory	In-person learning, referral services - Practical
Advanced	<p>All basic and intermediate competencies as well as:</p> <ol style="list-style-type: none"> 1. Be able to counsel women in detail about the benefits, side effects and risk of LARC options including IUD and SDI. 2. Be able to fit and remove both Intra-uterine Systems and Intra-uterine Devices including Cu IUD for emergency contraception and understand when this may not be possible, for example, if risk of pregnancy. 3. Be able to fit and remove sub-dermal contraceptive implants. 4. Be able to appreciate the limitations of FSRH UKMEC and when more specialist discussion may be appropriate. 5. Be able to provide LARC, specifically intra-uterine systems such as Mirena as part of management for other conditions including heavy and dysfunctional menstrual bleeding. 	<ol style="list-style-type: none"> 1. Have obtained DFSRH and letters of competence in insertion and removal of intra-uterine devices and sub-dermal implants for contraception. 2. Demonstration of commitment to keeping knowledge up to date and maintaining skills. 	<p>FSRH Letter of Competence in insertion Of Intra-Uterine Contraceptive Devices (LoC UID)</p> <p>https://www.fsrh.org/Public/Education-and-Training/letter-of-competence-intrauterine-techniques-loc-iut.aspx</p> <p>FSRH Letter of Competence in insertion Of Sub-Dermal Contraceptive Implants (LoC SDI)</p> <p>https://www.fsrh.org/Public/Education-and-Training/letter-of-competence-subdermal-implants-loc-sdi.aspx</p> <p>FSRH Membership Exams (MFSRH)</p> <p>https://www.fsrh.org/Public/Education-and-Training/membership-exams.aspx</p>	<p>Ivy Centre Community Gynaecology Contact Sue.mann1@nhs.net Wednesday AM Friday AM+PM</p>

WOMEN'S HEALTH COMPATABILITY FRAMEWORK

Pelvic Pain and Dysmenorrhoea

Framework Level	Level Descriptor	Requirements to work at this level	Self-directed learning - Theory	In-person learning, referral services - Practical
Basic	<p>1. To be to take a comprehensive gynaecological history including menstrual and reproductive history</p> <p>2. To understand the menstrual cycle and what this looks like for individual women</p> <p>3. To appreciate common abnormalities in menstrual cycle</p> <p>4. To appreciate the range of causes of pelvic pain including infection, ovarian and endometrial pathology, GI causes including IBS or IBD and musculoskeletal causes including hip osteoarthritis</p> <p>5. To be able to identify causes warranting urgent investigation and treatment, for example suspected ectopic pregnancy or PID</p> <p>6. To understand the biopsychosocial model of pain</p> <p>7. To be aware of first line investigations for pelvic pain</p> <p>8. To be aware of the first line treatment and management options for pelvic pain, for example analgesic agents or hormonal contraception</p>	<p>1. Understand the key factors in understanding pelvic pain, for example physical factors such as a history of heavy menstrual bleeding or psychological factors such as trauma</p> <p>2. Understand the importance of taking a comprehensive history including co-morbidities, previous surgeries and current medications</p> <p>3. Understand the most likely cause for pelvic pain based on a women's individual history and examination, for example pain associated with offensive discharge as PID or association with menstruation suggestive of possible endometriosis</p> <p>4. To be able to appropriately examine a woman to determine the cause of pelvic pain, including abdominal, bimanual and speculum examination</p> <p>5. Be able to arrange appropriate first line investigations including urine bHCG and dipstick, cervical smear, swabs and pelvic ultrasound if appropriate</p> <p>6. Be able to initiate first line treatment including analgesia and</p>	<p>Reading <u>RCOG Green Top Guidance Pelvic Pain</u> https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/the-initial-management-of-chronic-pelvic-pain-green-top-guideline-no-41/</p> <p><u>RCGP Pelvic Pain Guidelines</u> https://elearning.rcgp.org.uk/mod/page/view.php?id=11774</p> <p><u>RCGP Pelvic Pain e-learning</u> https://elearning.rcgp.org.uk/mod/page/view.php?id=6884</p> <p>e-LFH Pelvic Pain Module https://portal.e-lfh.org.uk/LearningContent/Launch/63445</p> <p><u>NICE CKS Dysmenorrhoea</u> https://cks.nice.org.uk/topics/dysmenorrhoea/</p> <p><u>NICE CKS Pelvic Inflammatory Disease</u> https://cks.nice.org.uk/topics/pelvic-inflammatory-disease/</p> <p><u>NICE CKS Irritable Bowel Syndrome</u> https://cks.nice.org.uk/topics/irritable-bowel-syndrome/</p>	<p><u>City and Hackney Community Clinics</u> Ivy Centre Community Gynaecology clinics Wed AM, Fri AM Sue.mann1@nhs.net PCN clinics Thursday AM (vary weekly) Richmond road (London Fields PCN), Elsdale St (well St Common PCN) Ahna.allan@nhs.net Lower Clapton General Practice (Hackney Marshes and Hackney Downs PCNs) Thursday AM Rosalind.briggs2@nhs.net</p> <p>Secondary Care clinics Await Amr re HUH clinics</p> <p><u>Newham</u> Await meeting re ?gynae service manager Email Pooney re clinics</p> <p>For training opportunities and clinical advice for Newham, Waltham Forest and Tower Hamlets please email Dr Chandni Sood Advice line Bhnt.advice-sexual-health-Barts@nhs.net</p> <p>Newsletter with updates and opportunities for training for these</p>

WOMEN'S HEALTH COMPATABILITY FRAMEWORK

	<p>9. To understand the impact of pelvic pain on a woman's life and how this may impact her physical and mental health</p> <p>10. To appreciate the implications of pelvic pain in a wider context, for example ability to work or provide care</p> <p>11. To appreciate the importance of a multi-disciplinary approach to management of pelvic pain including pelvic floor physiotherapy and psychological support</p>	<p>antibiotics depending on likely cause</p> <p>7. Be able to use history, examination and investigation to find a cause or be able to be satisfied pathology has been excluded</p> <p>8. Be able to explore the complexity of pelvic pain with a patient and manage their expectations early where necessary</p> <p>9. Be aware of when onward referral is appropriate for example talking therapy, pelvic floor physiotherapy or where further investigation such as consideration of laparoscopy may be indicated</p> <p>10. Be able to holistically support women to optimise quality of life in the context of chronic pelvic pain</p>	<p>Courses</p> <p>RCOG Pelvic Pain Online Course https://elearning.rcog.org.uk/product?catalog=co_pelvicpain</p> <p>FSRH SRH Essentials in Primary Care https://www.fsrh.org/Public/Education-and-Training/srh-essentials-for-primary-care.aspx</p>	<p>boroughs, please contact to register as above.</p>
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WOMEN'S HEALTH COMPATABILITY FRAMEWORK

Framework Level	Level Descriptor	Requirements to work at this level	Self-directed learning - Theory	In-person learning, referral services - Practical
Intermediate	<p>All basic competencies as well as:</p> <ol style="list-style-type: none"> 1. Identify key factors in the history that require further attention, for example a sexual trauma or dyspareunia requiring support from the psychosexual service or a history of gynaecological surgery requiring surgical review 2. Eliminate or support diagnoses for example infection/PID or endometriosis associated with cyclical pain using history, examination and investigation findings 3. Be confident in examination findings such as cervical excitation suggestive of acute cause for pain and awareness of necessary next steps 4. Be able to clearly distinguish between gynaecological causes for pain and alternative causes such as IBS causing pelvic pain alongside altered bowel habit and/or bloating 5. Identify the patient's main concerns and use this to guide investigation and treatment 6. Be able to work in partnership with the patient to agree a plan for investigation and treatment 	<ol style="list-style-type: none"> 1. To have an in depth understanding of the causes of pelvic including the body systems and pathology that can cause pelvic pain and how these vary in presentation 2. Ability to complete all relevant initial investigations including cervical smear if indicated 3. To comprehensively counsel a patient about options for management based on the outcome of examination and initial investigations 4. To understand the possible limitations and side effects of treatment options for example codeine causing constipation and exacerbating pelvic pain 5. To clearly explain to a patient the pros and cons of specific interventions including laparoscopy 6. Ability to support a patient's understanding of their pain and how input from members of the multi-disciplinary team may influence this including signposting to the most appropriate services 7. Ability to confidently reassure women when pathology or serious underlying cause has been excluded and work 	<p>Faculty of Sexual and Reproductive Health Diploma (DFSRH)</p> <p>https://www.fsrh.org/Public/Public/Education-and-Training/diploma.aspx</p> <p>Royal College of Obstetrics and Gynaecology Diploma (DRCOG)</p> <p>https://www.rcog.org.uk/careers-and-training/exams/drcog-our-diploma-exam/</p> <p>Completion Cervical Screening Training to obtain smear taker code</p> <p>https://londonwidelearning.org.uk/courses/initial-training-cervical-sample-taker-course/</p> <p>Prescribing Lifestyle Medicine</p> <p>https://www.practiceunbound.org.uk/product/prescribinglifestylemedicine/home</p>	<p>City & Hackney Secondary care services Await Amr</p> <p>Newham Await Pooney</p>

WOMEN'S HEALTH COMPATABILITY FRAMEWORK

	<p>that addresses all their concerns and expectations</p> <p>7. Be able to refer on to an appropriate service depending on the presentation for example pelvic floor physiotherapy or psychological support services</p> <p>8. Recognise when all the appropriate investigations have been carried out and initial treatment options have not been effective and be able to work with women to determine next steps, for example referral to pain clinic</p> <p>9. To be able to initiate management including anti-inflammatory analgesia, hormonal contraceptives such as COCP and IUS and escalate treatment to include other options such neuropathic agents if safe and appropriate</p>	<p>through appropriate steps in management</p> <p>8. Ability to support women to optimise their health in the context of pelvic pain including weight/BMI, comorbid medical conditions and lifestyle factors such as substance use, stress and physical activity</p> <p>9. Awareness of complementary and alternative therapies that women may choose to explore including aromatherapy, acupuncture and massage</p> <p>10. Ability to support patients in managing the impact of chronic pelvic pain and signposting to additional services including vocational occupational therapy</p>		
<p>Framework Level</p>	<p>Level Descriptor</p>	<p>Requirements to work at this level</p>	<p>Self-directed learning - Theory</p>	<p>In-person learning, referral services - Practical</p>

WOMEN'S HEALTH COMPATABILITY FRAMEWORK

<p>Advanced</p>	<p>All basic and intermediate competencies as well as:</p> <ol style="list-style-type: none"> 1. To be able to insert an IUS or implant as a management option for dysmenorrhoea 2. Ability to determine if definitive investigation such as laparoscopy is appropriate, counsel the patient comprehensively and refer directly for this 3. Ability to continue to work independently and within an MDT to manage chronic pelvic pain holistically 	<ol style="list-style-type: none"> 1. In depth understanding of the benefits and risks associated with invasive procedures for example scarring and adhesions exacerbating pelvic pain 2. To hold letter of competence in insertion of intrauterine devices and sub dermal implants that may be used in the management of pelvic pain 3. To be able to communicate and lead collaborative working to support patients with chronic pelvic pain 	<p>FSRH Letter of Competence in insertion Of Intra-Uterine Contraceptive Devices (LoC UID) https://www.fsrh.org/Public/Education-and-Training/letter-of-competence-intrauterine-techniques-loc-iut.aspx</p> <p>FSRH Letter of Competence in insertion Of Sub-Dermal Contraceptive Implants (LoC SDI) https://www.fsrh.org/Public/Education-and-Training/letter-of-competence-subdermal-implants-loc-sdi.aspx</p> <p>FSRH Membership Exams (MFSRH) https://www.fsrh.org/Public/Education-and-Training/membership-exams.aspx</p> <p>British Society of Lifestyle Medicine Core Accreditation (LMCA) https://bslm.org.uk/core-accreditation/</p>	<p>City and Hackney Community Gynaecology Ivy Centre Community Gynaecology Contact Sue.mann1@nhs.net Wednesday AM Friday AM+PM</p> <p>Await HUH Secondary Care</p> <p>Newham Await Pooney/service manager</p>
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Women’s Health Capability framework - Abnormal Uterine Bleeding

<u>Framework Level</u>	<u>Level Descriptor</u>	<u>Requirements to work a at this level</u>	<u>Self-directed learning - Theory</u>	<u>In-person learning, referral services - Practical</u>
Basic	<ol style="list-style-type: none"> Understanding the definition of Abnormal Uterine bleeding (AUB) and that this is inclusive of menstrual irregularity and heavy menstrual bleeding. Understanding abnormal uterine bleeding is a deviation from the normal menstrual flow, duration, or volume of a woman. Understanding the common causes of AUB for example fibroids, adenomyosis, contraception, ovarian cysts. Understanding of the following terms: <ul style="list-style-type: none"> - Chronic Abnormal uterine bleeding - Intermenstrual bleeding 	<ol style="list-style-type: none"> To be able to take a comprehensive medical and gynaecology history. Ensuring contraception, pelvic pain/ pressure, risk factors such as coagulopathy, anaemia symptoms and medication history is included. The ability to assess frequency, regularity, duration, and volume of flow. To be able to recognise the impact on quality of life of the patient as well as the 	<p><u>Reading:</u></p> <ol style="list-style-type: none"> National Institute for Health and Care Excellence. <i>Heavy Menstrual Bleeding: Assessment and Management</i>. NG88. NICE; 2018 https://www.nice.org.uk/guidance/ng88/chapter/Recommendations Menorrhagia (heavy menstrual bleeding) Health topics A to Z CKS NICE Pathway – Abnormal Uterine 	<p>Women’s health hub A&R triage sessions and Face to face clinics</p> <p>Tower Hamlets: janet.barter@nhs.net i.bains@nhs.net rehan.khan1@nhs.net</p> <p>Walthamforest: Nandita.deo@nhs.net</p> <p>Jo Aquilia RLH Menstrual disorders clinic</p>

	<ul style="list-style-type: none"> - Postcoital bleeding - Heavy menstrual bleeding 	<p>physical, mental, emotional and social impact.</p> <ol style="list-style-type: none"> 4. To be able to recognise Red Flags including Postmenopausal bleeding, weight loss, change in bowel habit over the age of 50, irregular bleeding over the age of 40. 5. To be able to examine and perform PA and PV examinations. 6. The ability to recognise if suspicious lesions are noted on the cervix and to refer to 2WW. 7. Awareness of the need to ensure smear test is up to date and to organise a STI screen and pregnancy test. 8. To be able to organise investigations when required, for example FBC to exclude anaemia and 	<p>Bleeding – North East London</p> <ol style="list-style-type: none"> 4. Intermenstrual bleeding – GPnotebook 5. What is abnormal uterine bleeding and when should you worry? 6. Menstruation Disorders (Causes, Symptoms, and Treatment) 	
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		<p>have the knowledge of when to order TFTs, Hormonal profile and test for coagulopathy.</p> <p>9. Recognising when ultrasound is required to rule out pathology, such as if large fibroid or adenomyosis is suspected on examination. To be mindful of when a TA scan is indicated as opposed to the preferred TV scan i.e. in those who have never had vaginal penetrative intercourse.</p> <p>10. To be confident in providing the following management options:</p> <ul style="list-style-type: none"> - encourage healthier lifestyle, diet, regular exercise. - consider Tranexamic acid and NSAIDs whilst awaiting investigations. <p>11. If indicated and appropriate sign posting to patient support resources and</p>		
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		<p>organisations such as weight management service and period poverty services in the local area.</p> <p>12. Confident in sharing the first line of management is LNG-IUS for patients with NO:</p> <ul style="list-style-type: none"> - identified pathology. - fibroids less than 3 cm - adenomyosis <p>13. If LNG-IUS insertion is not available at the practice, knowledge of local services and pathways for IUS insertion for non-contraception is required.</p> <p>14. Confident in providing second line treatment if LNG-IUS not suitable:</p> <ul style="list-style-type: none"> - non-hormonal methods (tranexamic acid and NSAIDs) - Hormonal methods such as contraceptives CHC, POP and Depo-Provera or Nexplanon 		
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		<p>15. Knowledge of when to refer for hysteroscopy:</p> <ul style="list-style-type: none"> - Suspected submucosal fibroids, polyps or endometrial pathology on ultrasound. - Persistent Intermenstrual bleeding - Over 45 - Risk factors for endometrial cancer (e.g. diabetes, pcos, tamoxifen or obesity) <p>16. Knowledge of when to refer to Secondary care Gynaecology: i.e.:</p> <ul style="list-style-type: none"> - Deterioration of symptoms - Consideration of surgery - If 1st and 2nd lines unsuccessful after 3-6 months - Fibroids larger than 3cm - Suspected submucosal fibroids, polyps, or endometrial pathology - Persistent intermenstrual bleeding Over 45 years old - Risk factors for endometrial cancer e.g. PCOS, diabetes, tamoxifen, obesity. 		
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<p>Intermediate</p> <p>All basic competencies as well as:</p>	<ol style="list-style-type: none"> 1. Appreciating AUB can affect up to ¼ of women of reproductive age and accounts for above 10% of referrals to gynaecology. 2. Awareness of the classification system recommended by the International Federation of Gynaecology and Obstetrics Executive Board to describe the causes of AUB in non-pregnant women. 3. Knowledge that the common causes are put under the categories of non-structural and structural. And the Pneumonic PALM-COEIN can be used to help identify common causes. 4. Awareness of the menstrual history terminology including 	<ol style="list-style-type: none"> 1. Confident in taking a full medical, drug and gynae history. 2. Confident to perform abdominal and PV examination. And distinguish between suspected large fibroids and bulky tender uterus suggestive of adenomyosis. 3. Confidence in ordering appropriate investigations and advising colleagues on which investigations are needed. 4. The ability to distinguish between and diagnose structural and non-structural causes of AUB. 	<ol style="list-style-type: none"> 1. BMJ best practice. <i>Abnormal Uterine Bleeding</i>. Best practice paper. March 2020 https://bestpractice.bmj.com/topics/engb/658/pdf/658/Abnormal%20uterine%20bleeding.pdf 2. <u>International Federation of Gynaecology and Obstetrics (FIGO). FIGO committee for menstrual disorders</u> https://www.sciencedirect.com/science/article/abs/pii/S020729211000129 	<p>Women's health hub A&R triage sessions and Face to face clinics</p> <p>Tower Hamlets: janet.barter@nhs.net i.bains@nhs.net rehan.khan1@nhs.net</p> <p>Walthamforest: Nandita.deo@nhs.net</p> <p>Jo Aquilia RLH Menstrual disorders clinic</p>

	<p>frequency, duration, volume and regularity</p>	<ol style="list-style-type: none"> 5. The ability to confidently initiate management for structural causes of AUB. 6. The ability to confidently manage non-structural causes. Inclusive of the following: <ul style="list-style-type: none"> - Coagulopathy – including when haematology input is required. - Ovulatory dysfunction – able to order and interpret hormonal profile and manage underlying cause such as PCOS. - Endometritis – insight of when to take swabs and initiate antibiotics. - Iatrogenic causes and in depth understanding and management of problematic bleeding on hormonal contraception. 7. Awareness and management that there could be more than one cause for AUB. 8. Confident in providing first and second line management options as 	<ol style="list-style-type: none"> 3. Shapley M, Jordan K, Croft PR. An epidemiological survey of symptoms of menstrual loss in the community. <i>Br J Gen Pract</i> 2004;54:359–63. (link is external) https://bjgp.org/content/54/502/359.long 4. RCOG eLearning Core Knowledge tutorial. Abnormal Uterine Bleeding. May 2019. https://elearning.rcog.org.uk/abnormal-uterine-bleeding/abnormal-uterine-bleeding 5. FSRH Clinical Guideline: Problematic Bleeding with Hormonal 	
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		<p>outlined in the basic competencies as well as initiating non-contraceptives: cyclical oral progestogens e.g. NET 5mg TDS day 5-25 of cycle or medroxyprogesterone acetate 5-10mg PO OD from day 16-21 of cycle.</p>	<p>Contraception (July 2015) FSRH</p> <p>6. Completion of Faculty or sexual and Reproductive Healthcare Diploma (DFSRH) https://www.fsrh.org/Public/Education-and-Training/diploma.aspx</p> <p>7. Completion of Letter of Competence for Intra-uterine Contraception https://www.fsrh.org/Public/Education-and-Training/letter-of-competence-intrauterine-techniques-loc-iut.aspx</p>	
<p>Advanced</p> <p>All basic and intermediat</p>	<p>1. Independently and confidently diagnosing and managing Abnormal Uterine Bleeding, with the ability to provide advise to primary care colleagues and</p>	<p>1. Be able to insert an IUD.</p>	<p>Completion of Faculty or sexual and Reproductive Healthcare Diploma (DFSRH)</p>	<p>Women's health hub A&R triage sessions and Face to face clinics</p>

<p>competencies as well as:</p>	<p>provide support and teaching in diagnosis and management.</p> <p>2. Independently and confidently manage complex abnormal uterine bleeding including patients with a history of cardiovascular disease, breast cancer and increased venous thromboembolism risk.</p> <p>3. Independently manage any additional requirements including insertion of LARC and hormonal treatment for non-contraceptive management.</p>	<p>2. Be able to perform an endometrial pipelle biopsy in community gynae setting</p>	<p>https://www.fsrh.org/Public/Education-and-Training/diploma.aspx</p> <p>Completion of Letter of Competence for Intra-uterine Contraception https://www.fsrh.org/Public/Education-and-Training/letter-of-competence-intrauterine-techniques-loc-iut.aspx</p>	<p>Tower Hamlets: janet.barter@nhs.net i.bains@nhs.net rehan.khan1@nhs.net</p> <p>For LARC training and complex contraception clinic please contact: chandni.sood@nhs.net</p> <p>Walthamforest: Nandita.deo@nhs.net</p> <p>Jo Aquilia RLH Menstrual disorder clinic</p>
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Women’s Health Capability framework - Abnormal Vaginal discharge (management of cis-female patients)

Framework level	<u>Level Descriptor</u>	<u>Requirements to work at this level</u>	<u>Self directed learning- Theory</u>	<u>In-person learning, referral services - Practical</u>
<u>Basic</u>	<p>An appreciation that this is a distressing symptom for women to experience.</p> <p>Being able to distinguish between Normal Physiological discharge, Infective (STI and non-STI) causes and Non-infective causes.</p> <p>Be aware of red flag symptoms such as post-coital bleeding, intermenstrual bleeding, pelvic pain and dyspareunia raising suspicion of PID or malignancy.</p>	<p>Being able to take a thorough history and examination, including addressing the patients concerns. Should include covering the characteristics of the discharge, associated symptoms such as itch, sexual history, contraceptive or hormone use, pregnancy and risk of pregnancy, concurrent and recent medication, medical conditions and vulval care.</p> <p>Being able to do an examination especially in cases of re-presentations.</p>	<p><u>1. Powell AM, Nyiriesy P (2015) New perspectives on the normal vagina and non-infectious causes of discharge. Clinical Obstetrics and Gynaecology 58(3), 453-463</u></p> <p><u>2. Spence D, Melville C (2007) Vaginal discharge. BMJ 1335(7630), 1147-1151. [Free full-text]</u></p> <p><u>3. Colver H, Malu, M. (2013) Vaginal Discharge: recommended management in general practice. Prescriber 24(5), 19-32</u></p>	<p><u>Monday QH</u> <u>Madhavi Kaidindi</u> <u>Kunal Rathod</u> <u>Michael Magro</u> <u>Mona Sharna</u></p> <p><u>Tuesday QH</u> <u>Mohammed Masood</u> <u>Asma Aziz</u></p>

			<p>[Free full-text]</p> <p>4. BASHH (2019) <u>British Association for Sexual Health and HIV national guideline for the management of vulvovaginal candidiasis</u> [Free Full-text]</p> <p>5. BASHH (2012) UK National Guideline for the management of Bacterial Vaginosis 2012 [Free Full-text]</p>	
<u>Intermediate</u>	<p>After taking a thorough history and examination be able to run appropriate investigations, in order to distinguish between Infective and non infective causes.</p> <p>Infective causes include Non-Sti causes such as vulvovaginal candidiasis, bacterial</p>	<ol style="list-style-type: none"> 1. Always offer an annual CT/GC screen to women under 25. 2. Using bedside PH testing to help guide diagnosis 3. CT/GC PCR and if available TV PCR. 4. Test for all STIs if one is 	<p><u>6. Hillier SL, Krohn MA, Klebanoff SJ, Eschenbach DA. The relationship of hydrogen peroxide producing <i>Lactobacilli</i> vaginosis and genital microflora in pregnant women. <i>Obstet Gynecol.</i> 1992;79:369–73</u></p>	<p><u>Wednesday QH Miss Kollipara</u></p> <p><u>Thursday QH Farida Bano Sorina Bologna Kingsley Mahendra</u></p>

	<p>vaginosis and streptococcal infection. STI causes include TV, gonorrhoea, chlamydia.</p> <p>Non infective causes include physiological, cervical ectropy, related to foreign body, cytolytic vaginosis, carcinoma, desquamative vaginitis.</p>	<p>diagnosed.</p> <p>5. HVS for candida.</p> <p>6. HVS for streptococcal infection if symptomatic</p>	<p><u>7. Suresh A, Rajesh A, Bhat RM, Rai Y. Cytolytic vaginosis: A review. <i>Indian J Sex Transm Dis AIDS.</i> 2009;30(1):48-50. doi:10.4103/0253-7184.55490BMJ</u></p> <p><u>8. BASHH (2015) UK national guideline for the management of infection with Chlamydia trachomatis. British Association for Sexual Health and HIV. [Free full-text] [2018 update]</u></p> <p><u>9. BASHH (2014) United Kingdom National Guideline on the Management of Trichomonas vaginalis 2014 [Free full-text]</u></p> <p><u>10. BASHH (2018) UK national guideline on the management of gonorrhoea in adults 2018. British</u></p>	
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			<p><u>Association for Sexual Health and HIV.</u> http://www.bashh.org <u>[Free full-text]</u></p>	
<p><u>Advanced</u></p>	<p>Being able to diagnose and investigate rarer causes of abnormal vaginal discharge such as erosive lichen planus, Bechcet's syndrome, prolapsing fibroids or vaginal fistula.</p> <p>Able to diagnose and investigate suspected genital dermatoses.</p>	<p>To be trained under consultant supervision how to biopsy and diagnose rarer conditions.</p>	<p><u>11. Lazaro N (2013) Sexually transmitted infections in primary care. Royal College of General Practitioners and British Association for Sexual Health and HIV. [Free full-text]</u></p> <p><u>12. Best Practice (2017) Assessment of Vaginal Discharge. BMJ Publishing group.</u></p> <p><u>13. Verstraelen H, Verhelst R, Vanechoutte M, Temmerman M. Group A streptococcal vaginitis: an unrecognized cause of vaginal symptoms in adult women. Arch Gynecol Obstet. 2011</u></p>	<p><u>Friday QH</u> <u>Aruna Ramineni</u></p> <p><u>All clinics listed are general gynaecology.</u></p>

			<u>Jul;284(1):95-8. doi: 10.1007/s00404-011- 1861-6. Epub 2011 Feb 19. PMID: 21336834.</u>	
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Women's Health Capability framework - Vulval pain and lumps

Framework Level	Level descriptor	Requirements to work at this level	Self directed learning - theory	In person learning referral services - practical
Basic	<p>An understanding of Vulval pain and the discomfort it may cause.</p> <p>An awareness of vulval lumps and distress they may cause. Knowing when to refer via 2ww</p>	<p>An understanding that in the absence of relevant clinical findings or a specific identifiable neurologic disorder. Vulvodynia is a clinical diagnosis. Vulvodynia can be further classified by location (generalised, or clitorodynia, vestibulodynia) and if it is unprovoked or provoked.</p>	<p>1 Mandal D, Nunns D, Byrne M, McLelland J, Rani R, Cullimore J, Bansal D, Brackenbury F, Kirtschigg G, Wier M. Guidelines for the management of vulvodynia. British Society for the Study of Vulval Disease Guideline Group. British Journal of Dermatology. 2010. 162, pp1180-1185</p>	<p><u>Monday QH</u> <u>Madhavi Kaidindi</u> <u>Kunal Rathod</u> <u>Michael Magro</u> <u>Mona Sharna</u></p> <p><u>Tuesday QH</u> <u>Mohammed Masood</u> <u>Asma Aziz</u></p>

<p>Intermediate</p>	<p>An understanding of the differential diagnoses of vulval pain.</p> <p>Skin infections Inflammatory skin conditions</p> <p>Neoplastic Skin conditions</p> <p>Pudendal neuralgia</p> <p>Trauma</p> <p>Hormonal changes</p> <p>Differential diagnosis of vulval lumps</p>	<p>Consider HSV 1 or 2 Candidiasis</p> <p>Seborrheic eczema Lichen sclerosis or planus, Vulval dermatitis.</p> <p>Paget's diseases, squamous cell carcinoma, VIN.</p> <p>Entrapment nerve syndrome</p> <p>FGM</p> <p>Oestrogen deficiency</p> <p>Bartholins cyst Cancer of the vulva</p>	<p>https://vulvalpainsociety.org/</p>	<p><u>Wednesday QH</u> <u>Miss Kollipara</u></p> <p><u>Thursday QH</u> <u>Farida Bano</u> <u>Sorina Bologna</u> <u>Kingsley Mahendra</u></p>
<p>Advanced</p>	<p>Be able to manage vulval pain</p> <p>Advise re vulval care</p>	<p>Avoid douching, use of emollients</p>	<p>https://www.isswsh.org/images/PDF/NVA.Self-help.guide.pdf</p>	<p><u>Friday QH</u> <u>Aruna Ramineni</u></p> <p><u>All clinics listed are general gynaecology.</u></p>

	<p>Consider medical treatments</p> <p>Be able to adopt a multidisciplinary team input</p> <p>Able to manage bartholins cyst</p>	<p>Topical local anaesthetics TCAS Oestrogen creams</p> <p>Physiotherapy Pain management Psychosexual medicine</p> <p>Manage abscesses and refer for surgery where appropriate.</p>		
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