

Advanced Training Pathway: SRH

Elective Module 1: Menopause

Curriculum Objective

To provide a framework on which to build specialist training in the knowledge, clinical and professional skills required to provide comprehensive high-level services in menopause.

Learning Outcomes

At completion of the Menopause module the trainee should have demonstrable academic, clinical and professional skills relevant to comprehensive menopause consultation and service delivery, to evidence-based standards, in the context of broader sexual and reproductive healthcare.

The trainee is expected to be able to:

- Conduct menopause consultations taking account of the broader social and medical needs of each patient, to jointly make and implement an appropriate menopause management plan, acceptable to the patient.
- Demonstrate skills in prescribing and administering the full range of hormonal and non-hormonal pharmacological and nonpharmacological treatments for menopausal symptoms at a level which supports supervision and training of others as well as problem solving for complex cases, including referral where necessary.
- Demonstrate skills in holistic menopausal care including preventive care for bone and cardiac health, mental health and sexual function
- Provide evidence-based care for women with primary ovarian insufficiency, premature or early menopause including appropriate investigations of cause and ongoing care.
- Understand the specific needs of women experiencing early menopause or menopausal symptoms following common cancers (e.g. breast, gynaecological, haematological).

Learning & Assessment Requirements

Assessment	Detail	Requirement
Logbook	Menopause consultations for women with medical comorbidities or medical risk factors including pre-existing VTE, cardiovascular disease, malignancy, gastrointestinal disease, post- transplant complications, obesity, diabetes, neurological conditions and autoimmune disease.	20
Logbook	Menopause consultations for early or premature ovarian insufficiency or primary ovarian insufficiency.	10
Logbook	Consultations for sexual difficulties and sexual dysfunction associated with menopause.	15
Logbook	Consultations with menopausal women with urogenital symptoms.	10
Logbook	Consultations involving the screening, investigation, and management of those patients at risk of, or with established, osteoporosis in menopause.	10
Logbook	Consultations involving the screening, investigation, and management of those patients at risk of, or with established mental health disorders and concurrent menopausal symptoms.	10

Learning Competencies

Area of Learning	RANZCOG Roles	Teaching and Learning Support	Assessment
Clinical Knowledge and Reasoning			
<p><i>Conduct Menopause Consultations</i></p> <p><i>Demonstrate knowledge and understanding of:</i></p> <ul style="list-style-type: none"> The physiology and epidemiology of menopause. The pathophysiology of vasomotor symptoms and urogenital symptoms. The types of menopausal hormone therapy available including dose, delivery system and sex steroid components, their pharmacology including routes of administration and likely mechanisms of action. management of vasomotor symptoms with non-hormonal menopausal therapies and another for the evidence around lifestyle modifications on symptoms preventive health measures for cardiovascular/bone health Absolute and relative contraindications, risk profile and side effects of menopausal hormone therapy. Management of menopausal symptoms in women with estrogen dependent cancer (e.g., breast cancer). Relevant local and international evidence-based guidelines. The physiological implications of menopausal hormone therapy on medical comorbidities or medical risk factors including pre-existing VTE cardiovascular disease, malignancy, gastrointestinal disease, post-transplant complications, obesity, diabetes, neurological conditions, and autoimmune disease. The common causes of female sexual dysfunction, including biopsychosocial factors and medical and surgical conditions that may contribute. Use of exogenous testosterone including counselling, indications, dose, monitoring, and duration of use. The effectiveness of common models of counselling, including cognitive, behavioural, systems theory, solution focused and narrative, and apply to different areas of sexual health. Complexities in sexual counselling, such as cultural and religious factors. the specific needs of managing menopause or menopausal symptoms in trans and gender diverse people Specific needs of people with primary ovarian insufficiency, premature or early menopause The perimenopausal contraceptive needs of women and people 	HA SC CL ME	Attachment to an established provider of menopause services	Logbook 3MA
<p><i>Manage menopause-associated bone loss</i></p> <p><i>Demonstrate knowledge and understanding of:</i></p> <ul style="list-style-type: none"> Bone physiology and the implications of menopause Risk factors for low bone density and fracture Investigations to assess bone density, including DEXA 	SC PF ME CL	Attachment to an established provider of menopause services	Logbook 3MA

Area of Learning	RANZCOG Roles	Teaching and Learning Support	Assessment
<ul style="list-style-type: none"> Understand the limits of DEXA and when DEXA can be used to calculate fracture risk Treatment strategies to include: <ul style="list-style-type: none"> Lifestyle changes Adequate Vitamin D Anti-resorptive agents Pharmacological options (hormonal, non-hormonal) Relevant local and international evidence-based guidelines. 			
<p><i>Menopause and the cardiovascular system</i></p> <p><i>Demonstrate knowledge and understanding of:</i></p> <ul style="list-style-type: none"> Pathophysiology of cardiovascular disease including contributing factors such as smoking, obesity, diabetes and uncontrolled hypertension. Relevant local and international evidence-based guidelines. 	HA CM LD SC	Attachment to an established provider of menopause services	Logbook 3MA
Clinical Skills			
<p><i>Conduct Menopause Consultations</i></p> <p><i>Be able to:</i></p> <ul style="list-style-type: none"> Conduct comprehensive consultations for women experiencing symptoms of menopause including: <ul style="list-style-type: none"> history and examination risk assessment provision of evidence-based information about menopause including nature and likely duration of symptoms, optimising of physical and mental health over the menopause transition management and follow up planning with the patient. Discuss indications for menopausal hormone therapy. Discuss benefits and potential risks of menopausal hormone therapy. Discuss benefits and risks of alternative treatments e.g., non-pharmacological and non-hormonal therapies. Jointly make and implement an appropriate menopause management plan, acceptable to the patient. Choose an appropriate therapeutic regimen based on symptoms and clinical history. Recognise the appropriate duration of use of menopausal hormone therapy – when to start and when to stop. Recognise and respond to special and complex menopause needs including: <ul style="list-style-type: none"> medical conditions early or premature ovarian insufficiency contraceptive needs Identify the circumstances where hormonal therapy is indicated/contraindicated and make appropriate referrals where needed. Negotiate necessary referral pathways for high-risk patients with co-existing medical disease. Appropriately examine patients to identify underlying organic factors that may contribute to sexual dysfunction. 	LD CL SC ME	Attachment to an established provider of menopause services	Logbook 3MA

Area of Learning	RANZCOG Roles	Teaching and Learning Support	Assessment
<i>Manage menopause-associated bone loss</i> <i>Be able to:</i> <ul style="list-style-type: none"> Conduct consultations identifying, screening, investigating, and managing those at risk of, or with established, osteoporosis of menopause. Jointly make and implement an appropriate management plan, acceptable to the patient. Request appropriate imaging to investigate bone density and evaluate potential osteoporotic fractures. Interpret bone density results (<i>DEXA</i>). Appropriately counsel regarding lifestyle and therapeutic interventions for menopause-associated bone loss. Negotiate referral pathways for any menopause management not to be undertaken personally by the trainee. 	LD CL CM ME	Attachment to an established provider of menopause services	Logbook 3MA
<i>Menopause and the cardiovascular system</i> <i>Be able to:</i> <ul style="list-style-type: none"> Conduct consultations identifying and screening those at risk of, or with established, cardiac disease in menopause and the implications for managing menopausal symptoms. Discuss the effects of hormonal therapy on the cardiovascular system and cardiovascular risk profile. Conduct consultations identifying, screening, investigating, and managing those at increased risk of venous thromboembolism. Discuss the venous thromboembolism risks of hormonal therapy. Discuss risk of stroke and cancers Jointly make and implement an appropriate management plan, acceptable to the patient. Negotiate necessary referral pathways for high-risk patients with co-existing medical disease. 	ME SC	Attachment to an established provider of menopause services	Logbook 3MA
Professional Skills			
<i>Be able to:</i> <ul style="list-style-type: none"> Conduct a risk and needs assessment of the patient. Discuss the changing evidence base in menopause management. Counsel sensitively about diagnoses and associated health issues. Explain clearly and openly treatment regimens and potential side effects. Demonstrate skills in prescribing and administering the full range of hormonal and non-hormonal pharmacological and nonpharmacological treatments for menopausal symptoms at a level which supports supervision and training of others as well as problem solving for complex cases including referral where necessary. Demonstrate skills in holistic menopausal care including preventive care for bone and cardiac health, mental health, sexual function. 	CM CL LD ME	Attachment to an established provider of menopause services	6MA MSF CBD

Glossary of terms

RANZCOG Roles	
ME	Medical Expert
CM	Communicator
CL	Collaborator
LD	Leader
HA	Health Advocate
SC	Scholar
PF	Professional

Teaching and Learning Strategies	
TLS	Teaching and Learning Support
eLM	eLearning module
ST	Supervised Training
HEP	Hospital Education Program (include here any hospital meetings, case reviews etc. that would be relevant)
RP	Research Project

Assessments	
LB	Logbook
3MA (Formative)	3 monthly assessments All ATMs are required to include a regular in-training appraisal, conducted 3 monthly, to be undertaken by the Training Supervisor. This should provide an opportunity to discuss aspects of the training and assessment that have been undertaken within the 12-week period of training
6MA (Summative)	6 monthly assessments All ATMs are required to include a regular in-training assessment, conducted 6 monthly, to be undertaken by the Training Supervisor. This should provide an opportunity to discuss aspects of the training and assessment that have been undertaken within the 6-month period of training
TSR	Training Supervisor Reports
DOPS	Directly Observed Procedural Skills
MSF	Multi Source Feedback
CBD	Case-based discussion
MSF	Multi Source Feedback
APSS	Assessment of Procedural Surgical Skills

Version Register

Version	Date of Version	Pages revised / Brief Explanation of Revision
1	Nov 2022	Creation