

The RCGP Curriculum: Clinical Modules

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➤ 3.06 Women's Health

Summary

- Women-specific health matters including contraception, pregnancy, menopause and disorders of reproductive organs will account for over 25% of your time as a general practitioner (GP)
- Women present with non-gender related issues in specific ways that you will also need to become sensitive to; domestic violence, depression and alcoholism can all present differently in women and may be interlinked. One woman dies every three days as a result of domestic violence. One in nine women using health services has been hurt by someone they know or live with
- Women tend to take the larger role in caring for dependants – children, parents, ill or disabled spouses. Supporting them can help share that care and also reduce the burden on health and social care services
- As a GP you will have a key leadership role in co-ordinating provision of community services for women: for example, offering the choice of access to services from female healthcare professionals, access in school hours and considering crèche facilities in surgeries

Knowledge and skills guide

Core Competence: Fitness to practise

This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.

This means that as a GP you should:

- Recognise your own values, attitudes and approach to issues such as abortion, contraception for minors, consent, confidentiality, cosmetic surgery, and be aware of how these might affect your management of patients who might take a different view

Core Competence: Maintaining an ethical approach

This addresses the importance of practising ethically, with integrity and a respect for diversity.

This means that as a GP you should:

- Know about the impact of culture and ethnicity on women's perceived role in society and their attendant health beliefs, and be able to tailor healthcare accordingly: for example, mental illness is kept 'hidden' in some cultures because of the stigma attached to it
- Describe the legislation relevant to women's health (e.g. abortion, contraception for minors)

Core Competence: Communication and consultation

This is about communication with patients, the use of recognised consultation techniques, establishing patient partnership, managing challenging consultations, third-party consulting and the use of interpreters.

This means that as a GP you should:

- Communicate sensitively with women about sexuality and intimate issues (particularly in recognising the impact of past sexual abuse and the illegal procedure of female genital mutilation ('female circumcision'); see also Learning Resources below and 3.08 Sexual Health statement)
- Integrate the fact that many women consult for lifestyle advice and that you as a GP should not over-medicalise these issues
- Recognise the issues of gender and power, and the patient–doctor relationship, and know how to prevent these issues adversely affecting women's health care
- Understand that as the sexual partners of some women are women you must not make assumptions such as the need for contraception

- Describe the impact of gender on individual ways of thinking and lifestyle, and formulate strategies for responding to this. For example, some women, such as those from low socio-economic groups or those living with an addiction, may have limited control over lifestyle choices

Core Competence: Data gathering and interpretation

This is about interpreting the patient's narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.

This means that as a GP you should:

- Demonstrate an understanding of the importance of risk factors in the diagnosis and management of women's problems, e.g. is a patient who presents with a breast lump on hormone replacement therapy?
- Recognise the prevalence of domestic violence and question sensitively where this may be an issue
- Know how the social and biological features of the perimenopause and menopause period interact and affect health, social well-being and relationships (e.g. mood swings, anxiety and depression, reduced libido)
- Describe the issues relating to the use of chaperones (e.g. the added embarrassment that can come from the presence of a third person; your protection from malicious complaints and safeguarding issues for the patient)

Core Competence: Making decisions

This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.

This means that as a GP you should:

- Recognise common signs and symptoms of, and know how to manage, gynaecological disease; be the first port of call for pregnancy, eating disorders and other conditions confined to or more common in women, involving other members of the healthcare team as appropriate
- Intervene urgently with suspected malignancy and have a low threshold for the referral of breast lumps
- Recognise and intervene immediately when patients present with a gynaecological or obstetric emergency

Core Competence: Clinical management

This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.

This means that as a GP you should:

- Demonstrate knowledge of women's health problems, conditions and diseases, and recognise that some non-gender specific issues present differently in women, such as depression, alcoholism, eating disorders and domestic violence
- Describe how practice management issues impact on the provision of care to women, including choice and availability of female doctors
- Maintain patient records that are accurate, facilitate continuity of care and respect the patient's confidentiality (particularly in relation to family issues, domestic violence, termination of pregnancy, sexually transmitted infections and 'partner notification')
- Provide information to patients on possible local support services, referral services, networks and groups for women (e.g. family planning, breast cancer nurses, domestic violence resources)
- Inform patients of the results of screening and ensure follow-up

Core Competence: Managing medical complexity

This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.

This means that as a GP you should:

- Use screening strategies relevant to women (e.g. cervical, breast, other cancers, postnatal depression) and advise patients on their advantages/disadvantages
- Be able to advise on prevention strategies relevant to women (e.g. safer sex, pre-pregnancy counselling, antenatal care, immunisation, osteoporosis)
- Understand the impact of other illness, in both the patient and her family, on the presentation and management of women's health problems

Core Competence: Working with colleagues and in teams

This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.

Core Competence: Maintaining performance, learning and teaching

This area is about maintaining performance and effective CPD for oneself and others, self-directed adult learning, leading clinical care and service development, participating in commissioning, quality improvement and research activity.

This means that as a GP you should:

- Be familiar with and implement the key national guidelines that influence healthcare provision for women's problems
- Critically review the role of well-woman clinics in primary care

Core Competence: Organisational management and leadership

This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new technologies to access and deliver care and developing relevant business and financial management skills.

This means that as a GP you should:

- Evaluate the effectiveness of the primary care service you provide from the female patient's point of view

Core Competence: Practising holistically and promoting health

This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.

This means that as a GP you should:

- Discuss the psychosocial component of women's health and the need, in some cases, to provide women patients with additional emotional and organisational support (e.g. in relation to pregnancy options, hormone replacement therapy, breast cancer and unemployment)
- Describe the health needs of gay, transgender and bisexual women (beyond sexual health) and their partners (e.g. you should understand their lifestyle and risk factors)
- Understand the importance of promoting health and a healthy lifestyle in women and, in particular, the impact of this on the unborn child, growing children and the family

Core Competence: Community orientation

This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.

This means that as a GP you should:

- Understand the issues of equity and access to health information and services for women
- Understand that the health needs of women are not homogenous and may vary depending on their environment: for example, if you are working as a prison doctor or in a family planning clinic

Case discussion

Jackie Wilcox, who is aged 48 and a smoker, comes to see you. She brings her four-year-old granddaughter Kylie who has come to stay while Jackie's daughter Sharon is in prison for drug-related offences. Jackie is exhausted, which she puts down to lack of sleep through worry, travel to the prison to visit her daughter and from looking after Kylie.

Owing to a chaotic family situation, she has not paid much attention to her own health and has been ignoring some pinkish vaginal discharge. Now however she has irregular vaginal bleeding, which is becoming more frequent. She has not had a smear (cervical screening) for over 15 years and on examination you find an irregular, ulcerated area on the cervix. You refer Jackie under the two-week rule to a gynaecologist. Jackie is not keen on any further help at home as she fears social services will 'take Kylie away' but she agrees that you could ask the health visitors to see what support they can offer in terms of a nursery or play scheme for Kylie.

Jackie is diagnosed at colposcopy with a stage 1b cervical squamous carcinoma but, after a hysterectomy, histology shows the presence of more extensive disease than expected and Jackie needs post-operative radiotherapy. Because she is in reasonably good health otherwise, she is also offered adjuvant chemotherapy and for the next six weeks needs to travel daily to the local hospital for treatment. Her sister, who lives locally, is able to help at home and look after Kylie, taking her to her new nursery. Your surgery Community Driver Scheme agrees to provide transport for a subsidised fee.

Four months later Jackie comes to see you, fearful that her bilateral leg swelling represents a recurrence. However it turns out to be a short-lived complication of the radiotherapy. There is a local lymphoedema service and you refer her for decongestive lymphatic therapy.

Five years later, Jackie is attending for annual follow up and is still disease free.

Reflective questions

To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Core Competence	Reflective Questions
<p>Fitness to practise</p> <p>This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.</p>	<p>As a GP how might I manage my feelings if there are any aspects of a case where my personal beliefs and values are in conflict with those of my patient?</p>
<p>Maintaining an ethical approach</p> <p>This addresses the importance of practising ethically, with integrity and a respect for diversity.</p>	<p>What ethical dilemmas could such cases present?</p> <p>What tensions do I see between the scientific, political and patient-centered aspects of cervical screening?</p>

<p>Communication and consultation</p> <p>This is about communication with patients, the use of recognised consultation techniques, establishing patient partnerships, managing challenging consultations, third-party consulting and the use of interpreters.</p>	<p>How effective am I at respecting the views of patients who are reluctant to accept help involving social services and other agencies?</p> <p>How good am I at explaining the risks and benefits of a screening test to my patients?</p>
<p>Data gathering and interpretation</p> <p>This is about interpreting the patient's narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.</p>	<p>How confident am I in carrying out a speculum examination and a smear test, and being able to differentiate different common pathologies affecting the cervix?</p>
<p>Making decisions</p> <p>This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.</p>	<p>Do I know the 'red flag' symptoms that require urgent referral under the 'two-week rule'?</p>
<p>Clinical management</p> <p>This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.</p>	<p>What is my understanding of the impact of human papilloma virus (HPV) infection in different social groups?</p>
<p>Managing medical complexity</p> <p>This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.</p>	<p>How can I balance on-going health promotion and advice-giving at a time of serious illness?</p> <p>What steps would I take to understand the impact of this illness on the patient's family?</p>
<p>Working with colleagues and in teams</p> <p>This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.</p>	<p>What is the protocol in my practice for calling, recalling and following up patients who attend and DNA for smears?</p>
<p>Maintaining performance, learning and teaching</p> <p>This is about maintaining performance and effective CPD for oneself and others. This includes self-directed adult learning, leading clinical care and service development, participating in commissioning*, quality improvement and</p>	<p>When did I last attend or do any course relating to women's health?</p> <p>How might the practice improve the quality of smears done at the practice?</p>

research activity.	
<p>Organisational management and leadership</p> <p>This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new technologies to access and deliver care and developing relevant business and financial management skills.</p>	What are the audit results of smear uptake and outcomes in my practice?
<p>Practising holistically and promoting health</p> <p>This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.</p>	As the GP for more than one generation of a family, how do I balance their health and social care needs?
<p>Community orientation</p> <p>This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.</p>	What relevant social care assistance and support groups are available to patients in my area?

How to learn this area of practice

Work-based learning

In primary care

The period of time spent training in general practice will help you gain a better understanding about women's health. It is ideal for delivering training in screening, counselling and 'longitudinal care' (continuous care) for women, and to reinforce that the nature of healthcare requires a balanced overview of all factors affecting the patient at any time. There is no substitute for clinical experience supported by a GP trainer and experienced members of the primary healthcare team.

In secondary care

You are likely to experience obstetrics and gynaecology in a hospital placement during your GP training programme. You may also spend dedicated time in a hospital placement during your GP-based phase. GP specialty trainees should take the opportunity to attend outpatient clinics in specialties directly relevant to women's health, e.g. gynaecology clinics, antenatal and postnatal clinics. Sexual health and family planning clinics are also excellent environments to gain a better

understanding of women's health concerns and problems. During these placements you should refer to this curriculum statement, and the relevant cross-references, to guide you and help consolidate your specific knowledge and skills in the area of women's health in primary care.

Self-directed learning

Many Deaneries or their equivalent bodies organise courses for their GP specialty trainees on women's health issues to supplement their local programmes and to ensure that those GP trainees who have not passed through a hospital-based placement in obstetrics and gynaecology are made aware of current management of women's problems. All GP trainees will have the opportunity to discuss women's health issues as part of their GP training programme's educational sessions.

Learning with other healthcare professionals

Women's health and sexual health problems, by their nature, are often exemplars of teamwork across agencies. Joint sessions with nursing colleagues provide you with multidisciplinary opportunities for learning about the wider aspects of women's health, in both primary and secondary care. You should also find it fruitful to consider and discuss the roles of the various individuals who represent the many professional and non-professional groups involved in women's healthcare.

Useful learning resources

Books and publications

- Braudie P and Taylor P. *ABC of Subfertility* London: BMJ Books, 2004
- Chamberlain G. *ABC of Antenatal Care (4th edn)* London: BMJ Books, 2002
- Department of Health. *National Service Framework for Children, Young People and Maternity Services* London: Department of Health, 2004
- Department of Health Social Exclusion Unit. *Teenage Pregnancy* London: Department of Health, 2004
- General Medical Council. *Seeking Patients' Consent: the ethical considerations* London: General Medical Council, 2002
- Guillebaud J. *The Pill and Other Forms of Hormonal Contraception* Oxford: Oxford University Press, 2004
- Hegarty K, Taft A, Feder G. Violence between intimate partners: working with the whole family *British Medical Journal* 2008; 337:a839.
- Latthe M, Bath S, Latthe PM (eds). *Obstetrics and Gynaecology in Primary Care* London: RCGP, 2003
- Ministry of Justice. *National Service Framework: improving services to women offenders* London: Ministry of Justice, May 2008
- NICE. *Eating Disorders: core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders* London: National Institute for Health and Clinical Excellence, 2004
- National Institute for Health and Clinical Excellence (NICE). The recognition and initial management of ovarian cancer. Clinical guideline 122. April 2011
www.nice.org.uk/guidance/cg122
- Rees M and Purdie DW (eds). *Management of the Menopause (3rd edn)* Marlow: BMS Publications, 2003

- Royal College of Obstetricians and Gynaecologists (RCOG). *Management of Women with Mental Health Issues during Pregnancy and the Postnatal Period (Good Practice No. 14)* London: RCOG, 2011

Web resources

Breast Cancer Care

This is the UK's leading provider of information, practical assistance and emotional support for anyone affected by breast cancer. Every year it is contacted by over 1,000,000 people with breast cancer or breast health concerns. It provides an excellent advice service for the public and healthcare professionals. www.breastcancercare.org.uk/healthcare-professionals

British Menopause Society

This is a registered charity dedicated to: increasing awareness of post-menopausal healthcare issues and promoting optimal management through conferences, road shows and publications. Its website contains useful information and academic papers on the menopause. www.thebms.org.uk

Cancer Research UK

The Cancer Research UK website includes information about cancer statistics. <http://cancerhelp.cancerresearchuk.org/about-cancer/what-is-cancer/statistics>

Domestic Violence

This website provides information, advice and guidance about domestic violence. www.domesticviolence.co.uk

eLearning for Healthcare (eLfh)

The eLfh platform includes a course on Female Genital Mutilation (FGM). www.e-lfh.org.uk/programmes/female-genital-mutilation

Faculty of Sexual and Reproductive Healthcare

This faculty of the Royal College of Obstetricians and Gynaecologists grants diplomas, certificates and equivalent recognition of specialist knowledge and skills in family planning and reproductive health care. It promotes conferences and lectures, provides members with an advisory service and publishes *The Journal of Family Planning and Reproductive Health Care*. The faculty website provides a wealth of information on sexual health and information about their Diploma Examination. The website also has information on 'Global Maternal Health' issues. www.fsrh.org

Foreign and Commonwealth Office (FCO)

Contact the FCO for further information on female genital mutilation (FGM) or if you are concerned that a patient is at risk of being taken abroad for this procedure. www.fco.gov.uk

FPA

Formerly the Family Planning Association, this is the only registered charity working to improve the sexual health and reproductive rights of all people throughout the UK. www.fpa.org.uk

Marie Stopes International UK

This is the country's leading reproductive healthcare charity, helping over 84,000 women and men each year. It has nine specialist centres and a network of GP partners who provide services for patients seeking help and advice. www.mariestopes.org.uk

Menopause Matters

This is an independent, clinician-led website based at the Dumfries and Galloway Royal Infirmary and supported by experts in the field of menopause management. It provides accurate information about menopausal symptoms and treatment options, including hormone replacement therapy (HRT) and alternative therapies. www.menopausematters.co.uk

Royal College of General Practitioners

- The e-GP Women's Health course includes sessions on vaginal bleeding, pelvic pain, breast lumps and pain, the menopause and HRT, gynaecological cancers, urinary incontinence, domestic violence, and conception and pregnancy. www.e-GP.org
- RCGP e-learning resources also include a course on Violence Against Women and Children, with modules on recognising, asking about and responding to violence. www.elearning.rcgp.org.uk/violenceagainstwomenandchildren
- The RCGP website also includes additional resources on domestic violence and sexual abuse: www.rcgp.org.uk/clinical-and-research/clinical-resources/domestic-violence.aspx
www.rcgp.org.uk/clinical-and-research/clinical-resources/sexual-abuse-resource.aspx