3.06 THE CLINICAL EXAMPLE ON

Women’s Health

This statement is part of the curriculum produced by the Royal College of General Practitioners (RCGP) which defines the learning outcomes for the discipline of general practice and describes the skills you require to practise medicine as a general practitioner in the National Health Service (NHS) of the United Kingdom. Although primarily aimed at the start of independent work as a general practitioner, it must also prepare the doctor beyond the training period and provide support for a professional life of development and change.
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KEY MESSAGES

- 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
CASE ILLUSTRATION

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

<table>
<thead>
<tr>
<th>Color Code</th>
<th>Topic</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pink</td>
<td>Primary care management</td>
<td>Invitations for cervical screening are often sent out directly from the primary care trust (PCT). As a GP, how can I be sure that my practice knows about, and follows up, all invitations for cervical screening when women do not attend?</td>
</tr>
<tr>
<td>Blue</td>
<td>Person-centred care</td>
<td>How effective am I as a GP at respecting the views of patients who are reluctant to accept help involving social services and other agencies?</td>
</tr>
<tr>
<td>Red</td>
<td>Specific problem-solving skills</td>
<td>Do I know the ‘red flag’ symptoms that require urgent referral under the ‘two-week rule’? What resources would I use to check the guidelines if I was unsure?</td>
</tr>
<tr>
<td>Yellow</td>
<td>A comprehensive approach</td>
<td>How can I balance on-going health promotion and advice-giving at a time of serious illness? What steps would I take to understand the impact of this illness on the patient’s family?</td>
</tr>
<tr>
<td>Cyan</td>
<td>Community orientation</td>
<td>What social care assistance and support groups are available to patients in my area? How would I advise this patient to access any that might be appropriate?</td>
</tr>
<tr>
<td>Purple</td>
<td>A holistic approach</td>
<td>As the GP for more than one generation of a family, how do I balance their health and social care needs?</td>
</tr>
<tr>
<td>Green</td>
<td>Contextual features</td>
<td>What is my understanding of the impact of human papilloma virus (HPV) infection in different social groups?</td>
</tr>
<tr>
<td>Green</td>
<td>Attitudinal features</td>
<td>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?</td>
</tr>
<tr>
<td>Green</td>
<td>Scientific features</td>
<td>What tensions do I see between the scientific, political and patient-centered aspects of cervical screening?</td>
</tr>
</tbody>
</table>
LEARNING OUTCOMES

The following learning outcomes or objectives relate specifically to the management of women’s health. These learning outcomes are in addition to those detailed in the core statement, *Being a General Practitioner*. They should also be read in conjunction with related issues in the statements 3.07 *Men’s Health* and 3.08 *Sexual Health*. In order to demonstrate the core competences in the area of women’s health you will require knowledge, skills and attitudes in the following areas:

**The RCGP areas of competence**

### 1 Primary care management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.)

This means that as a GP you should:

1.1 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

1.2 Describe how practice management issues impact on the provision of care to women, including choice and availability of female doctors

1.3 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’)

1.4 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)

1.5 Inform patients of the results of screening and ensure follow-up

### 2 Person-centred care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them.

This means that as a GP you should:

2.1 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)

2.2 Integrate the fact that many women consult for lifestyle advice and that you as a GP should not over-medicalise these issues
2.3 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

2.4 Understand that as the sexual partners of some women are women you must not make assumptions such as the need for contraception

2.5 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)

2.6 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

### 3 Specific problem-solving skills

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

This means that as a GP you should:

3.1 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

3.2 Intervene urgently with suspected malignancy and have a low threshold for the referral of breast lumps

3.3 Recognise and intervene immediately when patients present with a gynaecological or obstetric emergency

3.4 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?

3.5 Recognise the prevalence of domestic violence and question sensitively where this may be an issue

3.6 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)

### 4 A comprehensive approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting.

This means that as a GP you should:

4.1 Use screening strategies relevant to women (e.g. cervical, breast, other cancers, postnatal depression) and advise patients on their advantages/disadvantages

4.2 Be able to advise on prevention strategies relevant to women (e.g. safer sex, pre-pregnancy counselling, antenatal care, immunisation, osteoporosis)
4.3 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

4.4 Understand the impact of other illness, in both the patient and her family, on the presentation and management of women’s health problems

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5 Community orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

This means that as a GP you should:

5.1 Understand the issues of equity and access to health information and services for women

5.2 Evaluate the effectiveness of the primary care service you provide from the female patient’s point of view

5.3 Critically review the role of well-woman clinics in primary care

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6 A holistic approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health.

This means that as a GP you should:

6.1 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)

6.2 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)
The essential features of you as a doctor

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

**EF1 Contextual features**

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks.

Examples of this are:

- **EF1.1** Describing the legislation relevant to women’s health (e.g. abortion, contraception for minors)
- **EF1.2** Understanding 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

**EF2 Attitudinal features**

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care.

Examples of this are:

- **EF2.1** Recognising your own values, attitudes and approach to ethical issues such as abortion, contraception for minors, consent, confidentiality, cosmetic surgery, and being aware of how these might affect your management of patients who might take a different view
- **EF2.2** Knowing about the impact of culture and ethnicity on women’s perceived role in society and their attendant health beliefs, and being able to tailor healthcare accordingly: for example, mental illness is kept ‘hidden’ in some cultures because of the stigma attached to it

**EF3 Scientific features**

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through lifelong learning and a commitment to quality improvement.

Examples of this are:

- **EF3.1** Being familiar with and implementing the key national guidelines that influence healthcare provision for women’s problems
LEARNING STRATEGIES

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.

Work-based learning – 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.

Non-work-based learning

Many deaneries 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.
LEARNING RESOURCES

Examples of relevant texts and resources

- Guillebaud J. *The Pill and Other Forms of Hormonal Contraception* Oxford: Oxford University Press, 2004

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](http://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](http://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

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](http://www.menopausematters.co.uk)

Patient UK  
The website has information leaflets on many women’s health topics and an extensive directory of patient support and self-help groups. In addition, its extensive web directory lists many other sites that provide information and support on specific conditions (such as pregnancy).  
[www.patient.co.uk/directory/womens-health](http://www.patient.co.uk/directory/womens-health)

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](http://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](http://www.elearning.rcgp.org.uk/violenceagainstwomenandchildren)

The RCGP website also includes additional resources on domestic violence and sexual abuse:  

The Teenage Pregnancy Unit  
This was a cross-government unit located within the Department for Education and Skills that was set up to implement the Social Exclusion Unit’s report on teenage pregnancy. Papers from the unit can now be found on the Department for Education website. These include information about the government’s Teenage Pregnancy Strategy, guidance issued by the Teenage Pregnancy Unit and relevant publications from other government departments. There is also information about local implementation of the strategy and details about the Independent Advisory Group on Teenage Pregnancy.  
[www.education.gov.uk/childrenandyoungepeople/healthandwellbeing/teenagepregnancy](http://www.education.gov.uk/childrenandyoungepeople/healthandwellbeing/teenagepregnancy)
ACKNOWLEDGEMENTS

This curriculum statement is based on the original statement 10.1 Women’s Health in the 2007 version of the RCGP Curriculum. It has drawn on various national guidelines and policies, current research evidence and the expertise and clinical experience of practising general practitioners. It also draws on the work of the following: the RCGP Sex, Drugs and HIV Task Group; the RCGP Patient Partnership Group; the Royal Australian College of General Practitioners Women’s Health Curriculum; and the NHS Education Scotland Portfolio and Progressive Training Record (PPTR) and Attribute Guides.

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Date of this version: April 2013 May 2014

The 2007 version of the statement and subsequent updates can be found on the RCGP website. The Royal College of General Practitioners would like to express its thanks to all the individuals and organisations who have contributed so generously to past and present versions of this statement.