



BMS
Meeting the
challenge of
menopause

Registered Charity Number:1015144

**Curriculum and Logbook for the
Certificate in Menopause Care of the
Faculty of Sexual and Reproductive Healthcare
of the
Royal College of Obstetricians and Gynaecologists
prepared in partnership with the
British Menopause Society**

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To be reviewed and updated in 2018 unless significant changes demand otherwise.

CERTIFICATE IN MENOPAUSE CARE

1. INTRODUCTION

The British Menopause Society (BMS) and Faculty of Sexual and Reproductive Healthcare (FSRH) set up a Working Party to develop training in the field of the Menopause in 2002.

A change in demographics, with increased aging of the population and the decreased mortality in the elderly, has resulted in increased life expectancy. Thus, women can now expect nearly 50% of their adult life span to be after the menopause and post-menopausal women account for over 20% of the UK population. It is important that life quality and individual health after the menopause remain optimal, to guarantee an independent and active lifestyle in old age. To this end, health care professionals should be adequately trained and educated about the menopause, its significance as a biological marker and management options that are available¹.

This is a curriculum outline for a combined Theory and Practical Training module aimed at healthcare professionals who work regularly in the field of women's health. Attendance at the theoretical course will result in a certificate of attendance, which if followed by completion of competence assessed practical training will earn a 'Certificate in Menopause Care'.

Healthcare professionals who have completed the basic certificate in menopause will have the necessary skills to work within a dedicated Menopause clinic in the community or primary care.

Healthcare professionals may opt go on to train for the 'Advanced Certificate in Menopause Care'. Doctors holding the Advanced Certificate would be suitable to lead Specialist Menopause services and receive external referrals.

The Certificate in Menopause Care is not re-certifiable. Evidence of updating and professional support would be covered in appraisal/revalidation.

2. TRAINING OBJECTIVES

- The training will provide an overview of the medical, psychological and social aspects of the menopause and its sequelae.
- The training will concentrate on the assessment and management of clinical problems pertaining to menopause.
- The trainee gaining the basic certificate will develop the competencies needed to work within a Menopause service in a community setting or primary care.
- The trainee will have an understanding of their role in the specialty, and where necessary, the appropriate point at which to refer to other specialists.
- The trainee will understand the wider aspects of care for women and participate in the development of services in the local area.

The following are essential components of the training programme and all have to be achieved:

3.1 **ENTRY CRITERIA**

- 3.1.1 Attendance at a FSRH/BMS or Royal College of Obstetricians and Gynaecologists registered Menopause Theory Course is mandatory. Trainees must have completed their practical training within three years of attendance at a theory course.
- 3.1.2 The Trainee must be fully registered with the GMC/NMC and be working in Sexual and Reproductive Health, Obstetrics and Gynaecology, primary care or any clinical area where they regularly see and advise women about menopausal health.
- 3.1.3 Trainees should hold a relevant post-registration qualification which should demonstrate an understanding of women's reproductive health. This may be in contraception/sexual health (DFSRH for doctors and a sexual health qualification for nurses) to ensure 'building block' knowledge for this module.
- 3.1.4 Trainees must have consultations skills and be able to take a full medical history including a sexual health history.
- 3.1.5 Trainees must be competent at speculum examination.
- 3.1.6 For the advanced certificate trainees must be competent at intrauterine techniques.
- 3.1.7 For the advanced certificate nurse trainees must be nurse independent prescribers.
- 3.1.8 Nurses with little experience of menopause care may wish to consider attending a foundation course, prior to commencing this training.
- 3.1.9 Professional support is required with membership of the British Menopause Society recommended but an international society such as EMAS or IMS would be an alternative.

3.2 **TRAINING PROGRAMME COMPONENTS**

Training Programme

The following are essential steps in the training programme, and all of them have to be completed.

- 3.2.1 The trainee should read a standard text and other literature prior to mandatory attendance of a [theory course](#) to develop the knowledge component of the module. Management of the Menopause ([latest edition](#)).
- 3.2.2 [Register](#) their intention to train with the faculty having identified a principal trainer.

3.3 THE LOGBOOK

The Logbook records the training activity, objective assessments, any self-directed learning and tutorials undertaken and competencies achieved. Maintenance and regular review of the Logbook during interim assessments will allow the Principal Trainer and Trainee to monitor progress and identify deficiencies over the course of training. The individual Trainers must sign the appropriate sections of the Logbook documenting attendance, skill and competence.

It is envisaged that the Trainee will need to attend 8-10 half day sessions to fulfill the competency based practical component for the Certificate in Menopause Care, and a nominal 30 sessions for the Advanced Certificate. For the advanced certificate trainees must submit a 3000 word project, which may be clinical audit/research or a literature review on a relevant topic. Please discuss this with your principal trainer. It is imperative that all participants appreciate that the Trainee's progress has to meet standards that satisfy the Trainers. At the end of the training programme, the Principal Trainer has to certify the skills attained by the Trainee are to his/her satisfaction.

3.4 COMPLETION OF LOGBOOK

Completion of signed off forms

- 3.4.1 Objective assessment of training will consist of evaluations of the Trainee's competence relating to menopause care and requires the Trainee to have a proper understanding of the evidence base of best practice required for this topic. This is therefore an assessment of knowledge, professional skills and attitudes, as laid down in the curriculum.

Assessment will require the trainee to be observed within the clinical situation and will be assessed using Clinical Evaluation exercises (mini-CEX), Case Based Discussion (CBD) and objective structured assessment of technical skills (OSATS). Case based discussion and role play may be used to assess any curriculum areas not presented directly to the trainee in the assessment clinic.

A team observation of the Trainee must be completed as an objective assessment of the Trainee's interaction within a clinical team ([meno.TOF1](#) and [meno.TOF2](#)). A minimum of 3 Meno.TOF1s are required for basic certificate and 6 for the advanced certificate.

- 3.4.2 Practical training must be undertaken with supervision by an identified Principal Trainer. S/he will supervise the entire training process in this module. On occasions, the trainee may undertake sessions under the supervision of professionals other than the Principal Trainer, (for example bone studies, breast clinics, or psychosexual therapy clinics). In these circumstances, it is the Principal Trainer's duty to ensure that the professional to whom the duty of training is delegated is sufficiently competent, willing and able to teach the trainee.
- 3.4.3 Clinical experience can be drawn from everyday practice, but the competence based practical component must include attendance at Menopause or related services.
- 3.4.4 Assessment of training should comprise:

Assessment of the domains of competence relating to the menopause to include an understanding of the evidence base of best practice required for the management of the menopause:

- a) Factual knowledge
- b) Evolving knowledge: uncertainty, 'hot topics', qualitative research
- c) The evidence base of practice: knowledge of literature, quantitative research
- d) Critical appraisal skill: interpretation of literature, principles of statistics
- e) Application of knowledge: justification, prioritising, audit
- f) Problem-solving: general applications
- g) Problem-solving: case specific, clinical management
- h) Personal care: matching principles to individual patients
- i) Written communication
- j) Verbal communication
- k) The context of team issues. Basic: working within the multidisciplinary team or network. Advanced: leading a team and relating to other specialist groups.
- l) Compliance with GMC Good Medical Practice ([latest version](#))
- m) The wider context: medico-political, legal and societal issues
- n) Ethnic and trans-cultural issues
- o) Values and attitudes: ethics, integrity, consistency, caritas³
- p) Self-awareness: insight, reflective learning, 'the doctor as a person'
- q) Commitment to maintaining standards: personal care and professional growth, continuing medical education

3.5 **PRINCIPAL TRAINER**

3.5.1 Principal Trainers must:

- Hold one of the following qualifications: The Faculty's LoC Med, have attended a Training the Trainers or equivalent, be a GP Trainer or hold the PGA in Medical Education in SRH
- Hold the Advanced Certificate in Menopause Care or equivalent
- Have current experience of leading within a local menopause service/clinic with designated sessions
- Be a member of a recognised menopause society, e.g. British Menopause Society
- See a minimum of 100 new menopause patients per year

3.5.2 The Principal Trainer will supervise the entire training process. On occasion the Trainee may undertake sessions under the supervision of professionals other than the Principal Trainer. In these circumstances, it is the Principal Trainer's duty to ensure that the professional to whom training is delegated is sufficiently competent, willing and able to teach the Trainee.

A secondary trainer should be designated by the Primary Trainer to perform at least one interim assessment (essential for the advanced certificate).

3.5.3 Practitioners who wish to become Principal Trainers should [register](#) with the Faculty using the Principal Trainer registration form to confirm that they accept the above requirements and contents of this module. There is no charge for this.

3.5.4 Principal Trainers have to re-register with the Faculty every five years. On re-registration they must be able to show evidence of keeping their knowledge up to date. This should be a minimum of 20 hours CME credits over 5 years to include proof of attendance at a two day national or international menopause meeting in the last three years. They also need to demonstrate ongoing membership of the national or an international society and continue to practice actively in the field.

3.5.5 Trainees can record all their experience of consultations relating to their learning objectives wherever they occur, e.g. in General Practice, community clinics or outpatient clinics.

3.6 ASSESSMENTS

Assessments can be shared between Trainers.

3.6.1 The Principal Trainer is responsible for organising the Team Observation assessment. There should be a minimum of at least 3 (basic) and 6 (advanced) TO1 forms collected.

3.6.2 Assessment of competence may therefore fall to several experienced clinicians working in different spheres, but the overall responsibility for the practical training rests with the Principal Trainer. It is good practice for the various Trainers to talk to each other about the Trainee's experience/progress.

3.7 COMPLETION OF TRAINING

3.7.1. Training will be deemed complete when all components have been covered and assessed to the satisfaction of the Principal Trainer.

3.7.2 The report on the Trainee applying for the Certificate in Menopause Care [p.11](#) should be signed by the Principal Trainer and be submitted to the Faculty together with the trainee's other documentation.

3.7.3 Practical training must be completed within 3 years of attendance at an appropriate theory course.

3.7.4 The application form for the Certificate in Menopause Care should be signed by the Trainee and sent to the Faculty with the appropriate documentation. Please refer to the [checklist](#) of documents which should be included with the application.

3.7.5 Trainees are encouraged to complete an Evaluation of Training form [p.50](#) and submit this with their application for the Certificate in Menopause Care.

3.7.6 It is strongly recommended that the Trainee keep a copy of all documents sent in case of loss in the post.

3.8 REVALIDATION

Doctors holding either Certificate in Menopause Care should keep their knowledge up to date this should be assessed at appraisal. It is advised that those actively practicing in this clinical field should attend a minimum of a 2 day menopause course such as the BMS/EMAS/IMS meetings every 3 years. This is a pre-requisite for trainers.

3.9 **SUMMARY FOR THE TRAINEE**

- 3.9.1 Identify a Principal Trainer
- 3.9.2 Arrange to attend a theory course. This can be undertaken prior to registration
- 3.9.3 Register as a trainee by completing the Trainee [Registration](#) form (p. 11) and sending it with registration fee to the Faculty. Confirmation will be sent confirming registration as a trainee and containing the special skills training number.
- 3.9.4 Pre-course reading/theory knowledge to be assessed by the Principal Trainer and a training plan devised at Induction Assessment
- 3.9.5 Record self-directed learning
- 3.9.6 Complete logbook, objective assessments, etc
- 3.9.7 Complete Team Observation Assessment
- 3.9.8 Final sign up of certification ([P.64](#))
- 3.9.9 Complete and send in Evaluation of Training form ([P.50](#))

4. **REFERENCES**

1. Management of the Menopause 5th Edition, May 2009
Margaret Rees, John Stevenson, Sally Hope, Serge Rozenberg and Santiago Palacios
2. NICE guidance relevant to Osteoporosis
3. Postmenopausal Hormone Therapy. An Endocrine Society Scientific Statement. J Clin Endocrin Metab. July 2010: 95 (S1);7
4. <http://www.thebms.org.uk>
5. <http://www.emas-online.org>
6. <http://www.imsociety.org>
7. <http://www.menopausematters.co.uk>

5. USING THE LOGBOOK

NOTES FOR Trainees

Please start by completing the relevant logbook forms by **typing** in your personal details as well as your trainer's details as far as possible **prior to printing** the logbook.

Throughout your training, your supervisors will assess your consulting skills. This and other skills will also be assessed by your colleagues via the Team Observation form on [page 45](#).

Training Plan

At the initial assessment, a training plan should be agreed between the Principal Trainer and the Trainee, using the competency grid to set learning objectives. The initial learning objectives and the activity plan to meet these should be tailored to the individual learning needs of the Trainee. Subsequent learning objectives should be set at interim assessments until the trainee has attained all necessary competencies.

It is the Trainee's responsibility to undertake this planned learning. The Principal Trainer should guide this. Training can be delivered in a variety of ways over and above attendance at clinics with a menopause caseload, such as:

- *Observed and supervised consultations*
- *Case reviews*
- *Observed consultations in non-instructing sessions*
- *Attendance at dedicated clinics identified from the learning needs assessment e.g. vulval dermatology, family history, breast or osteoporosis clinics*
- *Tutorials based on relevant experience gained in Trainee's main clinical practice, e.g. Primary Care, Community Clinics or Obstetrics and Gynaecology*
- *Tutorials to discuss books and journal articles*
- *Role-play*

Competence List

An experienced practitioner (who need not be a doctor), who is acceptable to the Principal Trainer should sign and date the appropriate line on the Competency document on attainment of an area of competence This will be after objective assessments of competencies have been undertaken satisfactorily. S/he should also sign the list of trainers' document ([page 41](#)). It is the responsibility of the Principal Trainer to certify final competence after the Summative Assessment.

Assessment

The trainee will agree with the trainer cases that are appropriate for objective assessment (CBD, OSATS and mini-CEX).

Progress will be reviewed through a minimum of two interim assessments, one must be with the principal trainer and one with a delegated secondary trainer. 3 interim assessments will be needed for the advanced certificate.

In addition the Principal Trainer must perform the summative (final) assessment of competence.

Trainees can record all their experience of consultations relating to their learning objectives wherever they occur, e.g. in General Practice, community clinics or outpatient clinics. The log book should include sufficient cases to prove experience of all areas of the curriculum.

Data Protection Act 1998

Trainees undertaking Faculty training should ensure they are familiar with information governance requirements.

Certification

Once the Trainee has attained competence in all the required areas, they should arrange a summative assessment with the Principal Trainer.

Where the Principal Trainer is unable to continue training for any reason, the Faculty should be informed as soon as possible and a new Principal Trainer found.

If the summative assessment is satisfactory in that the Trainee has attained all the required competencies the Principal Trainer should complete the Report form on [page 43](#) to certify completion of training.

The Principal Trainer can ask for further evidence of competence if necessary before signing the report on [page 43](#).

**REGISTRATION FOR TRAINING FOR THE
BASIC / ADVANCED CERTIFICATE IN MENOPAUSE CARE:**

Please send this form to: **SSM Secretary**
Faculty of Sexual and Reproductive Healthcare
27 Sussex Place, London, NW1 4RG

Trainee Details (Please complete in BLOCK LETTERS)

Name:

Address:

..... Postcode:

Telephone: Email:

Qualifications: GMC/NMC/ No:

Signature: Date:

Date of Commencement of Training:

Date of Completion of Training:

Menopause Society Name: Membership No:

Details of Theory Course attended:

.....

Special skills training number MENO/.....
(This number will be allocated on receipt of this form)

Please ensure you have included a £50.00 cheque payable to the 'Faculty of Sexual and Reproductive Healthcare, please register with faculty before starting practical training'

Faculty recognised Principal Trainer

I confirm that I am a recognised Principal Trainer for the Certificate in Menopause Care and I am able to provide training as contained in this module.

Name:

Signed (Principal Trainer)..... **Date:**

Training Centre Name:

Address:

..... Postcode:

Telephone: Email:

***NB: If any of the above details change please inform the
SSM secretary ASAP on 020 7724 5629 or abigail@fsrh.org***

**REGISTRATION OF PRINCIPAL TRAINER
FOR THE BASIC AND ADVANCED CERTIFICATE IN MENOPAUSE CARE**

Please send this form to: SSM Secretary
Faculty of Sexual and Reproductive Healthcare
27 Sussex Place, London, NW1 4RG

Name:

Training Centre Name:

Address:

..... Postcode:

Telephone: Email:

Qualifications:
 (Medical/Nursing).....

GMC/NMR No:

*All applicants for registration as a Principal Trainer for these Certificates must hold the
 Advanced Certificate of Menopause Care*

Please tick this box to confirm that you hold the Advanced Certificate in Menopause Care

How many **new** patients are seen in this menopause clinic/service each year?.....
 (Minimum of 100)

Number of year's experience leading within a menopause service:

Are you auditing your own practice? Yes / No

Training qualifications (please tick at least one box and enclose certificate)

LoC Med Training the Trainers GP Trainer PGA in Medical Education
 in SRH (Post Graduate Award)

Have you been trained in assessment methodology and feedback? Yes / No

To which menopause society do you belong? Please provide your membership number

Society:

Society Membership Number:.....

*I confirm that I meet the Faculty Minimum Standards for Principal Trainers and I am able to
 provide training as contained in this module.*

Signed (Principal Trainer):Date:

Medical Post Held at Present:

**NB: If any of the above details change please inform the
 SSM secretary ASAP on 020 7724 5629 or abigail@fsrh.org**

SUGGESTED CHECKLIST FOR TRAINEE SKILLS

Interview/history taking skills:

- Introduces self to client
- Identifies client reason for consultation
- Allows client to elaborate, presenting problem fully
- Listens
- Puts client at ease
- Recognises client's verbal and non-verbal cues
- Uses silences appropriately
- Phrases questions simply and clearly
- Uses open questions, appropriate closed questions and focused questions (avoids double or misleading questions)
- Exhibits well organised approach to information gathering
- Seeks clarification of words used by client as appropriate
- Elicits specific and relevant information from client and/or their records to clarify management
- If reads, writes notes, or uses computer does so in a manner that does not interfere with dialogue or rapport
- Deals sensitively with embarrassing and /or disturbing topics
- Structures interview in logical sequence

Clinical management:

- Formulates management plan appropriate to findings in collaboration with the client
- Gives explanations at appropriate times
- Checks clients' level of knowledge and understanding
- Encourages client to discuss any additional points
- Is prepared to use time appropriately

Clinical skills checklist:

- Is sensitive to client physical and emotional discomfort
- Can arrange and carry out reviews
- Is capable of recognising limits of personal competence
- Refers appropriately

Problem solving:

- Correctly interprets and applies information obtained from client
- Records history, physical examination and investigations
- Identifies problems or makes working diagnosis

Behaviour/relationship with client/other staff checklist:

- Maintains friendly but professional relationship with client
- Demonstrates awareness that the client's attitude to the doctor (and vice versa) affects management and levels of co-operation.
- Team worker

6. CURRICULUM

6.1. Background and assessment

Knowledge	Clinical Competency	Professional Skills and Attitudes	Training Support	Evidence/ Assessment
<p>BASIC</p> <p>Understanding of the physiology of menopause, its symptoms and its impact on the future health of the patient</p> <p>Understanding of the influence of social, psychological, cultural and family history factors</p> <p>Understanding of basics of genetically determined risk</p> <p>Integrated assessment of symptoms and their impact on quality of life</p>	<p>Demonstrate an ability to take an appropriate history and identify problems</p> <p>Demonstrate an ability to perform social and lifestyle assessment</p> <p>Demonstrate an ability to take an appropriate personal medical and family history</p> <p>Demonstrate an ability to perform any appropriate clinical examination</p> <p>Demonstrate the ability to keep clear, concise and contemporaneous records</p> <p>Identification of premature ovarian failure and referral for detailed assessment and advice</p>	<p>Sensitive person centred approach</p> <p>Recognise quality of life impact</p> <p>Allow patient to express fears and preferences</p> <p>Facilitate informed decision making</p> <p>Communication of absolute rather than relative risk when possible</p> <p>Uphold the principles of good medical practice</p>	<p>Management of the menopause</p> <p>Approved Theory course</p> <p>Tutorials with trainer</p> <p>www.thebms.org.uk</p> <p>www.imsociety.org</p> <p>www.menopausematters.co.uk</p> <p>GMC Good medical practice</p> <p>Relevant medical journals including Menopause International, Maturitas and Climacteric</p> <p>Faculty guidelines on record and note keeping</p> <p>Equality and diversity training</p>	<p>Logbook</p> <p>Reflective diary</p> <p>Team observation x3</p> <p>MiniCEX and CBD: minimum of 3 of each to include this component</p>
<p>ADVANCED</p> <p>As above plus</p> <p>Assessment of genetic risk</p> <p>Detailed assessment of symptoms and their impact</p>	<p>As above plus</p> <p>Assessment and investigation of premature ovarian failure</p> <p>Demonstrate an ability to take a detailed medical history including personal medical and family history</p> <p>Demonstrate an ability to perform both general and specific clinical examination</p>			<p>Logbook</p> <p>Reflective diary</p> <p>Team observation</p> <p>MiniCEX and CBD: minimum of 7 of each to include this area of competence</p>

6.2. Management Choices

Knowledge Criteria	Clinical Competency	Professional Skills & Attitudes	Training Support	Evidence/ Assessment
<p>BASIC</p> <p>Understanding of the evidence base and rationale for</p> <ul style="list-style-type: none"> • Public health advice • Lifestyle modification <p>Knowledge of mode of action, efficacy, toxicity and potential benefit of complementary options</p> <p>Knowledge of mode of action, efficacy, toxicity and potential benefit of non hormonal therapeutic options</p> <p>Knowledge of mode of action, efficacy, toxicity and potential benefit of hormonal therapy</p> <p>Understanding of the role of progestogens for endometrial protection</p> <p>Understanding of concordance and compliance</p>	<p>Demonstrate confidence in provision of counselling and advice to straightforward and moderately complex patients with respect to the most appropriate modality for their needs</p> <p>Demonstrate an ability to give appropriate lifestyle advice</p> <p>Demonstrate an ability to discuss alternative and complementary therapies</p> <p>Demonstrate an ability to discuss non hormonal management strategies</p> <p>Demonstrate an ability to discuss hormone therapies, prescribe appropriately and adopt and adapt for efficacy and to minimise side effects</p>	<p>Demonstrate the ability to support the patient in making an informed decision</p> <p>Demonstrate the ability to listen to and understand issues at review</p> <p>Demonstrate a willingness to review initial advice</p> <p>Demonstrate an ability to explain new evidence and media response to patients</p>	<p>Management of the menopause</p> <p>British National Formulary Local formulary</p> <p>Approved theory course</p> <p>Observation of trainer and other established professionals</p> <p>Tutorials with trainer</p> <p>www.thebms.org.uk</p> <p>www.imsociety.org</p> <p>www.menopausematters.co.uk</p> <p>GMC Good medical practice</p> <p>Relevant medical journals including Menopause International, Maturitas and Climacteric</p>	<p>Logbook</p> <p>Reflective diary</p> <p>MiniCEX and CBD: Minimum of 3 of each to include this area of competence</p>
<p>ADVANCED</p> <p>As above plus</p> <p>Knowledge of value of public health and health promotion interventions</p> <p>Knowledge of principles of formulary development</p>	<p>Demonstrate the ability to perform an individual risk benefit analysis across the spectrum of complexity of patients and design an appropriate management/ treatment regime accordingly</p> <p>Demonstrate ability to manage premature ovarian failure</p> <p>Demonstrate an ability to solve problems and adjust management regimes</p>		<p>Discussion of Formulary development with local Pharmacy Advisor</p> <p>Liaison with public health department</p>	<p>Logbook</p> <p>Reflective diary</p> <p>Team observation</p> <p>MiniCEX and CBD: Minimum of 7 of each to include this area of competence</p>

6.3. Risk Analysis – gynaecological

Knowledge	Clinical Competency	Professional Skills & Attitudes	Training Support	Evidence/ Assessment
<p>BASIC</p> <p>Ability to take a relevant obstetric and gynaecological history, examine and modify management. Advise appropriately in the light of this</p> <p>Knowledge of signs and symptoms of gynaecological cancers</p> <p>Knowledge of benign uterine lesions</p> <p>Knowledge of postmenopausal urogenital atrophic changes and manifestation</p> <p>Knowledge of national guidance (NICE and RCOG) for management of heavy bleeding, urinary incontinence and other relevant problems as published</p> <p>Knowledge of medical and surgical options for prolapse management and local referral pathways</p> <p>Knowledge of common vulval dystrophies and local referral pathways</p>	<p>Demonstrate the ability to perform a speculum examination</p> <p>Demonstrate an ability to identify abnormal bleeding patterns and refer or investigate as appropriate</p> <p>Demonstrate an understanding of results of an ultrasound.</p> <p>Demonstrate an ability to evaluate results of an endometrial biopsy</p> <p>Demonstrate an understanding of options to manage undesired but benign bleeding patterns and refer on when appropriate</p> <p>Demonstrate ability to develop an appropriate HRT regime on the basis of uterine status and gynaecological history</p> <p>Demonstrate the ability to counsel for LNG IUS insertion</p> <p>Demonstrate an ability to manage atrophic vaginitis</p> <p>Demonstrate an ability to make an initial assessment of urinary incontinence in women and refer when appropriate</p> <p>Demonstrate an ability to identify urogenital prolapse</p> <p>Ability to recognise and manage simple vulval dystrophy and refer appropriately</p>	<p>Awareness of the need for chaperone and informed consent</p> <p>Understanding of investigation for structural and histological anomalies</p>	<p>Management of the menopause</p> <p>Theory course</p> <p>Observation of trainer and other established professionals</p> <p>Attendance at Vulval diseases clinic</p> <p>Tutorials with trainer</p> <p>Critical incident review</p> <p>www.thebms.org.uk</p> <p>www.menopausematters.co.uk</p> <p>National guidelines from the MRHA, RCOG, and NICE, including CG44, Heavy Menstrual Bleeding and CG40 Urinary Incontinence</p> <p>GMC Good medical practice</p> <p>NICE Urinary incontinence</p> <p>Relevant medical journals including Maturitas, Menopause International, and Climacteric</p>	<p>Logbook</p> <p>Reflective diary</p> <p>DOPsS where appropriate</p> <p>Mini CEX and CBD Minimum 2 of each to include this area of competence</p>

Knowledge	Clinical Competency	Professional Skills & Attitudes	Training Support	Evidence/ Assessment
<p>ADVANCED</p> <p>As above</p>	<p>As above but demonstrated ability to perform a bimanual examination</p> <p>Demonstrated ability to advise women in higher risk categories (e.g.) cancer survivors</p> <p>Demonstrate an ability to perform and evaluate results from endometrial biopsy</p> <p>Demonstrate the ability to provide LNG IUS insertion</p> <p>Demonstrate an ability to identify urogenital prolapse</p>			<p>Logbook</p> <p>Reflective diary</p> <p>Team observation</p> <p>DOPS</p> <p>MiniCEX and CBD: minimum of 5 of each to include this area of competence</p>

6.4 Risk Analysis – Breast

Knowledge	Clinical Competency	Professional Skills & Attitudes	Training Support	Evidence/ Assessment
<p>BASIC</p> <p>Knowledge of the NHS breast screening program</p> <p>Understanding of “red flag” breast symptoms</p> <p>Understanding of the principles of genetic risk</p> <p>Understanding of the findings of major research regarding breast cancer risks and the use of hormone therapies</p> <p>Knowledge of local referral pathways should pathology be suspected</p>	<p>Demonstrate the ability to perform and teach breast examination</p> <p>Demonstrate an ability to take a family history for genetic risk of breast cancer</p> <p>Demonstrate a knowledge of local breast referral pathways and mechanisms</p> <p>Demonstrate ability appropriately to explain breast cancer risk with and without the use of the major therapies</p> <p>Discuss non-pharmacological treatment options for menopause management where hormone prescribing is inappropriate</p>	<p>Awareness of the need for chaperone and informed consent</p> <p>Sensitivity towards women’s perception of breast cancer</p>	<p>Management of the menopause</p> <p>Approved theory course</p> <p>Observation of trainer and other established professionals</p> <p>Attendance at Family History clinic/mammography session</p> <p>Tutorials with trainer</p> <p>www.thebms.org.uk</p> <p>www.imsociety.org</p> <p>www.menopausematters.co.uk</p> <p>National Guidelines from RCOG and NICE including CG41 Family History of Breast Cancer</p> <p>GMC Good medical practice</p> <p>Relevant medical journals including Maturitas, Menopause International, and Climacteric</p>	<p>Logbook</p> <p>Reflective diary</p> <p>MiniCEX and CBD: Minimum of 2 of each to include this area of competence</p>
<p>ADVANCED</p> <p>As above</p>	<p>As above but with demonstrated ability to advise women in higher risk categories (e.g.) breast cancer survivors</p>	<p>As above</p>	<p>As above</p>	<p>Logbook</p> <p>Reflective diary</p> <p>Team observation</p> <p>MiniCEX and CBD: minimum of 5 of each to include this area of competence</p>

6.5 Risk Analysis – Osteoporosis

Knowledge	Clinical Competency	Professional Skills & Attitudes	Training Support	Evidence/ Assessment
<p>BASIC</p> <p>Understanding of the relation between BMD and fracture risk</p> <p>Understanding of FRAX and other risk assessment tools</p> <p>Understanding of the value of lifestyle intervention</p> <p>Knowledge of mode of action, efficacy risks and potential benefits of available interventions</p> <p>Knowledge of local referral pathways should osteoporosis be suspected or diagnosed</p>	<p>Demonstrate an ability to perform a fracture risk assessment</p> <p>Demonstrate the ability to interpret a DEXA report for patients</p> <p>Demonstrate an ability to advise patients about the potential risks and benefits for all available interventions and prescribe, if required, appropriately to the level of the moderately complex patient</p> <p>Demonstrate the ability to refer for specialist advice when necessary</p>	<p>Communication skills</p>	<p>Management of the menopause</p> <p>Approved theory course</p> <p>Observation of trainer and other established professionals</p> <p>Attendance at DEXA screening</p> <p>Tutorials with trainer</p> <p>www.thebms.org.uk</p> <p>www.imsociety.org</p> <p>www.nos.org.uk</p> <p>www.menopausematters.co.uk</p> <p>GMC Good medical practice</p> <p>National guidelines from RCOG and NICE including primary and secondary prevention of osteoporosis</p> <p>www.nice.org.uk/cg146</p> <p>www.nice.org.uk/cg160</p> <p>Relevant medical journals including Maturitas, Menopause International, and Climacteric</p>	<p>Logbook</p> <p>Reflective diary</p> <p>Mini-CEX and CBD minimum of 1 of each to include this area of competence</p>
<p>ADVANCED</p> <p>As above</p>	<p>As above but with demonstrated ability to assess and advise the more complex patient.</p>			<p>Logbook</p> <p>Reflective diary</p> <p>Team observation</p> <p>MiniCEX and CBD: Minimum of 3 of each to include this area of competence</p>

6.6 Risk Analysis – Cardiovascular Disease

Knowledge	Clinical Competency	Professional Skills & Attitudes	Training Support	Evidence/ Assessment
<p>BASIC</p> <p>Understanding of basic CVS physiology and pathophysiology</p> <p>Understanding of the effect of major risk factors on background CVS risk</p> <p>Knowledge of the evidence base in respect of the effect of HRT on VTE, cardiac disease and stroke</p> <p>Understanding of the proven or theoretical advantages or risks in respect of formulation, regime, route of delivery and dose of hormone therapies</p>	<p>Demonstrate an ability to assess and explain patient's own risk of DVT</p> <p>Demonstrate ability to assess attributable risk of therapy for VTE</p> <p>Demonstrate an ability to assess and explain individual patient's risk of Cardiac disease</p> <p>Demonstrate ability to assess attributable risk of therapy for Cardiac disease</p> <p>Demonstrate an ability to assess and explain individual patient's risk of stroke</p> <p>Demonstrate ability to assess attributable risk of therapy for stroke</p> <p>Discuss non-pharmacological treatment options for menopause management where HRT prescribing inappropriate</p> <p>Demonstrate an awareness of when to refer the higher risk patient</p>	<p>Ability to explain significance of cardiovascular disease</p> <p>Ability to encourage patient to take responsibility for her modifiable risk factors and contribute to the management of her condition.</p>	<p>Management of the menopause</p> <p>Approved theory course</p> <p>Observation of trainer and other established professionals</p> <p>Tutorials with trainer</p> <p>www.thebms.org.uk</p> <p>www.imsociety.org</p> <p>www.menopausematters.co.uk</p> <p>Relevant medical journals including Menopause International, Maturitas and Climacteric</p> <p>National guidelines including the RCOG on HRT and VTE</p>	<p>Logbook</p> <p>Reflective diary</p> <p>MiniCEX and CBD: Minimum of 2 of each to include this area of competence</p>

Knowledge	Clinical Competency	Professional Skills & Attitudes	Training Support	Evidence/ Assessment
<p>ADVANCED</p> <p>As above, but with knowledge to manage women with or at high risk of cardiovascular disease</p>	<p>As above, but to include management of the higher risk patient</p>			<p>Logbook</p> <p>Reflective diary</p> <p>Team observation</p> <p>MiniCEX and CBD: Minimum of 5 of each to include this area of competence</p>

6.7 Risk Analysis – metabolic factors

Knowledge	Clinical Competency	Professional Skills & Attitudes	Training Support	Evidence/ Assessment
<p>BASIC</p> <p>Understanding of potential mechanisms of drug interaction</p> <p>Knowledge of drugs whose side effect may mimic or complicate menopausal symptoms</p> <p>Knowledge of drugs which may impact on the bioavailability of hormone therapies</p> <p>Knowledge of drugs that may be affected by interventions for menopause</p> <p>Outline knowledge of impact of menopause on pre-existing diseases especially</p> <ul style="list-style-type: none"> -asthma -diabetes -thyroid disease -inflammatory bowel conditions -connective tissue diseases 	<p>Demonstrate an ability to take a full therapeutic history and interpret its significance</p> <p>To the level of the moderately complex patient demonstrate an ability to modify hormone therapy regimes in the light of potential or actual interactions.</p> <p>Discuss non oral hormonal therapeutic options</p> <p>Discuss non-pharmacological treatment options for menopause management</p> <p>Demonstrate an awareness of when referral is appropriate</p>	<p>Pharmacological knowledge</p> <p>Communication skills</p>	<p>Management of the menopause</p> <p>British National Formulary</p> <p>Approved theory course –</p> <p>Observation of trainer and other established professionals</p> <p>Tutorials with trainer</p> <p>www.thebms.org.uk</p> <p>www.imsociety.org</p> <p>www.menopausematters.co.uk</p> <p>GMC Good medical practice</p> <p>BNF</p> <p>Relevant medical journals including Menopause International, Maturitas and Climacteric</p>	<p>Logbook</p> <p>Reflective diary</p> <p>Mini-CEX and CBD: minimum of 1 of each to include this area of competence</p>
<p>ADVANCED</p> <p>As above, but with detailed knowledge of impact of menopause on pre-existing diseases especially</p> <ul style="list-style-type: none"> -asthma -diabetes -thyroid disease -inflammatory bowel conditions -connective tissue diseases 	<p>As above, but to include ability to manage the complex patient with concomitant disease.</p>			<p>Logbook</p> <p>Reflective diary</p> <p>Team observation</p> <p>Minimum of 3 of each to include this area of competence</p>

6.8 Risk Analysis – Mental Health and Quality of Life

Knowledge	Clinical Competency	Professional Skills & Attitudes	Training Support	Evidence/ Assessment
<p>BASIC</p> <p>Understanding of the potential effect of hormones on mood</p> <p>Understanding of the similarities and differences between premenstrual and peri menopausal mood changes</p> <p>Understanding of cognitive impact of menopause</p> <p>Understanding the concept of quality of life impact</p> <p>Knowledge of local referral pathways should mental health problems be diagnosed</p>	<p>Demonstrate an ability to take an appropriate psychological history</p> <p>Demonstrate an ability to develop and adapt drug regimes to minimise intolerance</p> <p>Demonstrate an ability to counsel women about dementia</p> <p>Demonstrate awareness of quality of life assessment tools</p> <p>Demonstrate the ability to refer for specialist advice when necessary</p>	<p>Recognition of mood change as a problem to those who it affects</p>	<p>BMS Handbook Management of the menopause</p> <p>Approved theory course</p> <p>Observation of trainer and other established professionals</p> <p>Tutorials with trainer</p> <p>www.thebms.org.uk</p> <p>www.imsociety.org</p> <p>www.menopausematters.co.uk</p> <p>GMC Good medical practice</p> <p>Relevant medical journals including Menopause International, Maturitas and Climacteric</p>	<p>Logbook</p> <p>Reflective diary</p> <p>Mini CEX and CBD: minimum of 2 of each to include this area of competence</p>
<p>ADVANCED</p> <p>As above</p>	<p>As above but to include the management of women with intolerance to first line regimens</p> <p>Demonstrate use of quality of life assessment techniques</p>		<p>Tutorial with local Consultant in Medicine for the Elderly</p>	<p>Logbook</p> <p>Reflective diary</p> <p>Mini-CEC and CBD Minimum of 5 of each to include this area of competence</p>

6.9 Sexual Health

Knowledge	Clinical Competency	Professional Skills & Attitudes	Training Support	Evidence/ Assessment
<p>BASIC</p> <p>Understanding of fertility changes with age and means of identification of infertile state</p> <p>Knowledge of full range of contraceptive options, including risk and benefit profile</p> <p>Knowledge of STIs</p> <p>Understanding of classification and assessment of sexual dysfunction</p> <p>Understanding of the role of androgen therapy in women</p> <p>Knowledge of psychosexual problems assessment and management strategies</p>	<p>Demonstrate an ability to take an appropriate sexual history</p> <p>Demonstrate an ability to counsel and prescribe appropriate contraception</p> <p>Demonstrate an ability to counsel women about prevention of STIs, including HIV</p> <p>Demonstrate an ability to test for genital tract infection and knowledge of local referral pathways</p> <p>Demonstrate ability to discuss assess and advise regarding sexual dysfunction and manage or refer appropriately</p> <p>Demonstrate an ability to identify psychosexual issues and manage or refer appropriately</p>	<p>Awareness of the pervasiveness of sexual problems.</p> <p>Open minded non-judgemental attitude</p> <p>Awareness of embarrassment and clues in presentation</p> <p>Awareness of potential for professional embarrassment</p> <p>Use of simple yet inoffensive language</p> <p>Check understanding of advice given</p>	<p>Management of the menopause</p> <p>Approved theory course – Observation of trainer and other established professionals</p> <p>Attendance at Sexual Health Clinic</p> <p>e-SRH/DFSRH</p> <p>Tutorials with trainer</p> <p>www.thebms.org.uk</p> <p>www.imsociety.org</p> <p>www.menopausematters.co.uk</p> <p>www.fsrh.org.uk</p> <p>www.bashh.org</p> <p>www.ipm.org.uk</p> <p>www.basrt.org.uk</p> <p>GMC Good medical practice</p> <p>National guidelines from the MRHA, FSRH, BASHH and NICE related to contraception and STIs</p> <p>Relevant medical journals including Menopause International, Maturitas and Climacteric</p>	<p>Logbook</p> <p>Reflective diary</p> <p>MiniCEX and CBD : Minimum of 2 of each to include this area of competence</p>
<p>ADVANCED</p> <p>As above</p>	<p>As above</p> <p>Provision of intrauterine contraception/endometrial protection</p> <p>Assessment and appropriate provision of androgens</p>	<p>As above</p>	<p>As above</p>	<p>Logbook</p> <p>Reflective diary</p> <p>Mini-CEX and CBD – minimum of 5 of each to include this area of competence</p>

Induction Assessment

<p>LEARNING PLAN for</p> <p>Trainee's Name:</p> <p>.....</p> <p>Dr/Nurse/Other:</p>	<p>TRAINING CENTRE</p> <p>.....</p> <p>.....</p>	<p>PRINCIPAL TRAINER</p> <p>Dr/Mr/Mrs/Ms:</p> <p>.....</p>
<p>INDUCTION ASSESSMENT</p> <p>Competent in:</p> <p>Some Experience of:</p> <p>New to:</p>		<p>Trainer's Signature :</p> <p>.....</p> <p>Trainee's Signature :</p> <p>.....</p> <p>Date :</p> <p>Next assessment date:</p> <p>.....</p>

PLANNED LEARNING:

Trainee's Name:

Initial learning objectives should be agreed between the Principal Trainer and Trainee at the induction assessment. At subsequent interim assessments the learning objectives should be signed off as achieved. Further learning objectives can be addressed at interim assessments.

<p>LEARNING OBJECTIVES:</p> <p>EXAMPLE</p> <p>Breast cancer risk assessment</p>	<p>PLANNED ACTIVITY:</p> <p>Read chapter in recommended text Attendance at Family History Breast Clinic Tutorial to discuss application to routine/specialist practice 28/03/XX Record examples from practice</p> <p>Observed clinical skills on 30/05/XX</p>	<p>ACHIEVED:</p> <p>Trainer's Name</p> <p>.....</p> <p>Signature.....</p> <p>Date.....</p>
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LEARNING OBJECTIVE	PLANNED ACTIVITY	ACHIEVED:
		Trainer's Name
	
		Signature.....
		Date.....
LEARNING OBJECTIVE	PLANNED ACTIVITY	ACHIEVED:
		Trainer's Name
	
		Signature.....
		Date.....
LEARNING OBJECTIVE	PLANNED ACTIVITY	ACHIEVED:
		Trainer's Name
	
		Signature.....
		Date.....
LEARNING OBJECTIVE	PLANNED ACTIVITY	ACHIEVED:
		Trainer's Name
	
		Signature.....
		Date.....

This page should be repeated as often as necessary

LOG OF CONSULTATIONS

DATE	CONSULTATION Record consultations in any setting that are related to your Learning Objectives	LEARNING OBJECTIVES
28.05.10	<p>52 years – seen in practice Started cyclical combined oral regime 3 months ago (Elleste duet 1mg)</p> <p>Feeling better as sleep improved and not so tired, but flushes and sweats still troubling – particularly during combined part of the cycle when complains that moody and irritable as well. Bleeding to schedule and not heavy</p> <p>Estradiol increased and progestogen class changed. Continue to use cyclically to regulate bleeding and enable both components to be assessed. Femoston 2:10 given</p>	<ul style="list-style-type: none"> • Assessment of symptoms and impact • Understanding of hormone therapy options • Rational prescribing and modification

LOG OF CONSULTATIONS CONTINUED

This page should be repeated as often as necessary

LOG OF TUTORIALS		
DATE	CONTENT	DATE, NAME & SIGNATURE OF TRAINER
		Date..... Print Name Signed.....
		Date..... Print Name Signed.....
		Date..... Print Name Signed.....
		Date..... Print Name Signed.....
		Date..... Print Name Signed.....
		Date..... Print Name Signed.....

This page can be repeated as often as necessary

INTERIM ASSESSMENTS

The trainee should have at least two interim assessments. One must be with the Principal Trainer and ideally one must be with another trainer for the basic certificate.
 A second assessment by another trainer is essential for the advanced certificate.

Trainee's name:

INTERIM ASSESSMENT 1 Progress made	Trainer's Name Signature..... Date..... Next assessment date
INTERIM ASSESSMENT 2 Progress made	Trainer's Name Signature..... Date..... Next assessment date
INTERIM ASSESSMENT 3 Progress made	Trainer's Name Signature..... Date..... Next assessment date

This page should be repeated as often as necessary

SUMMATIVE ASSESSMENT

Knowledge (including guidelines)

Principal Trainer's Name:

.....

Patient assessment

Signed:

Use of Investigation

Date:

Management options and problem solving

Practical Skills

Communication with patients

Communication with Colleagues

Ongoing learning plan

Summary

Trainee's name:

**LOGBOOK PART 1:
REVIEW OF KNOWLEDGE**

COMPETENCIES	BASIC OR ADVANCED LEVEL and date	TRAINER SIGNATURE
Understanding of physiology and manifestation of menopause transition		
Understanding of social, cultural and ethnic factors that may be relevant		
Knowledge of changes and risks that are age related		
Understanding of basics of genetically determined risk		
Knowledge of value of public health and health promotion interventions		
Knowledge of mode of action, efficacy risks and potential benefit of complimentary options		
Knowledge of mode of action, efficacy risks and potential benefit of hormonal therapeutic options		

LOG OF PRACTICAL PROCEDURES	TRAINER'S COMMENTS	DATE, NAME & SIGNATURE OF TRAINER
		Date..... Print Name Signed.....
		Date..... Print Name Signed.....
		Date..... Print Name Signed.....
		Date..... Print Name Signed.....
		Date..... Print Name Signed.....
		Date..... Print Name Signed.....

This page can be repeated as often as necessary

Basic Certificate MiniCex Assessments & CBD Summary Sheet

BASIC competence

Please indicate date of MiniCEX assessments:

Area of competence	Date	Date	Date	Date	Date	Date	Date
Assessment							
Management Choices							
Gynaecology							
Breast							
Osteoporosis							
CVS							
Metabolic							
Mental Health							
Sexual Health							

Please indicate date of CBD assessments:

Area of competence	Date	Date	Date	Date	Date	Date	Date
Assessment							
Management Choices							
Gynaecology							
Breast							
Osteoporosis							
CVS							
Metabolic							
Mental Health							
Sexual Health							

Area of competence completed for BASIC certificate:

Area of competence	Mini CEX number	Minimum	CBD number	Minimum	Dated and signed by Trainer
Assessment		3		3	
Management Choices		3		3	
Gynaecology		2		2	
Breast		2		2	
Osteoporosis		1		1	
CVS		2		2	
Metabolic		1		1	
Mental Health		2		2	
Sexual Health		2		2	

Summary of reflection:

	Dated and signed by Trainer
10 Consultations	
3 Relevant Articles	
2 Tutorials	

Advanced Certificate MiniCex Assessments & CBD Summary Sheet

Please indicate date of additional assessments for **ADVANCED** competence

Mini CEX

Area of competence	Date	Date	Date	Date	Date	Date	Date
Assessment							
Management Choices							
Gynaecology							
Breast							
Osteoporosis							
CVS							
Metabolic							
Mental Health							
Sexual Health							

CBD

Area of competence	Date	Date	Date	Date	Date	Date	Date
Assessment							
Management Choices							
Gynaecology							
Breast							
Osteoporosis							
CVS							
Metabolic							
Mental Health							
Sexual Health							

Area of competence completed for **ADVANCED** certificate

Area of competence	Mini CEX number	Minimum	CBD number	Minimum	Dated and signed by Trainer
Assessment		7		7	
Management Choices		7		7	
Gynaecology		5		5	
Breast		5		5	
Osteoporosis		3		3	
CVS		5		5	
Metabolic		3		3	
Mental Health		5		5	
Sexual Health		5		5	

Summary of reflection:

	Dated and signed by Trainer
20 Consultations	
3 Relevant Articles	
2 Tutorials	

LOGBOOK PART 2: REFLECTIVE DIARY

Learning to reflect on and learn from difficult clinical situations that you have been directly involved in is important. Reflective practice can only occur after you have been involved in a difficult situation which will usually be clinical, but could also include difficult situations occurring with colleagues. Inevitably there will have been a poor outcome and the purpose of reflection is to allow you to identify potential learning opportunities and develop your clinical practice by learning from them. For this to be a meaningful process you will need to examine previously and often firmly held beliefs about your practice and also learn to accept that you may have been wrong. Only by continuously evaluating previously held beliefs and assumptions will you be able to learn and move forward.

This section of your logbook is designed to assist trainees in this process. If involved in a difficult situation record the event and thoughts about it in the reflective diary. The trainee should discuss these either with his/ her Educational Supervisor or trainer directly involved. If the case has been particularly distressing, help and support should be sought quickly. You can also reflect on consultations that went well and on complex or challenging cases

REFLECTIVE DIARY
for the basic and advanced certificates

For the basic please reflect on a minimum of: 10 patient consultations, 3 relevant articles and 2 tutorials.

For the advanced please reflect on a minimum of: 20 patient consultations, 3 relevant articles and 2 tutorials

Areas for reflection (please tick all relevant boxes):

Clinical skills:

Judgement:

Communication:

Decision Making:

Team Working:

1. Patient Consultation (*10 for basic & 20 for the advanced*)

2. Title of relevant articles (3) and where published

3. Tutorial (2) Content

4. What do you need to reflect on?

5. What is the most important thing you have learned from this experience?

6. What would you do differently next time?

7. Has this experience highlighted any deficiencies in your training and how are you addressing these?

8. Summary of discussion with principal trainer

Signature of principal trainer: **Date:**

Name of principal trainer:

This page should be repeated as often as necessary

LIST OF ALL TRAINERS WHO SIGNED OFF COMPETENCIES

Please write legibly

Name, qualifications & work address, email and contact number	Competencies assessed: please list	Signature

This page should be repeated as often as necessary

**ADVANCED CERTIFICATE OF MENOPAUSE CARE
OUTLINE OF PROJECT**

RECORD HERE THE TITLE OF THE CLINICAL AUDIT/RESEARCH/LITERATURE REVIEW PROJECT (covering 3,000 words) SUBMITTED TO OBTAIN THE ADVANCED CERTIFICATE. In 150 words give a summary of the project and send the project with your application for the advanced certificate.

Title:

Summary:

FINAL REPORT ON TRAINEE FOR THE BASIC CERTIFICATE OF MENOPAUSE CARE

Please send this form to: **SSM Secretary**
Faculty of Sexual and Reproductive Healthcare
27 Sussex Place, London, NW1 4RG

All Trainees must have a minimum 3 assessments:

- The induction assessment, at least one interim assessment and the summative assessment with the Principal trainer.
- Ideally one interim assessment with another delegated trainer for the basic certificate if possible

It is essential that the Doctor who puts the final signature on this page is the Principal Trainer and has checked that the rest of the logbook is correctly and fully completed. This may include checking personally with any other trainers involved that they are happy with their own part of the Trainee's training. **The Trainee must have achieved competency in all sections of the appropriate competency lists and have been signed off to reflect this.**

I certify that all the identified learning objectives, competencies and reflections from the Logbook have been achieved and that:

Trainee's Name:
(PLEASE PRINT IN BLOCK LETTERS)

Training Number: MENO/.....

has attained competence in the practice of Menopause Care and I recommend that she/he be granted the Certificate of Menopause Care

Signed: **(Principal Trainer)**

Print Name: **Date:**

**FINAL REPORT ON TRAINEE FOR THE
ADVANCED CERTIFICATE OF MENOPAUSE CARE**

All Trainees must have a minimum **4** assessments:

- The induction assessment, at least one interim assessment and the summative assessment with the Principal trainer.
- Must have at least one interim assessment by another delegated trainer for the advanced certificate

It is essential that the Doctor who puts the final signature on this page is the Principal Trainer and has checked that the rest of the logbook is correctly and fully completed. This may include checking personally with any other trainers involved that they are happy with their own part of the Trainee's training. **The Trainee must have achieved competency in all sections of the appropriate competency lists and have been signed off to reflect this**

I certify that all the identified learning objectives and competencies from the Logbook have been achieved, a course project completed and the additional assessments and investigations, as well as reflections have been completed.

(PLEASE PRINT TRAINEE'S NAME AND MODULE REGISTRATION NUMBER)

.....

has attained competence in the practice of Menopause Care and I recommend that she/he be granted the Advanced Certificate of Menopause Care

Signed: **(Principal Trainer)**

Print Name: **Date:**

TEAM OBSERVATION FORM:

Instruction sheet to be given to a selection of the trainee's work colleagues with the Observation Form 1. A minimum of 3/6 (basic/advanced) completed forms are required.

You have been asked to complete this form for the following member of the team in which you work.

Trainee's Name:

Please return this form in a sealed envelope to:

Return by (date):

INSTRUCTIONS FOR COMPLETING THIS FORM

Please tick the appropriate column for the activities you have observed the team member undertaking.

If you have not observed the activity or feel that you cannot comment, tick "the unable to comment" column.

A summary of all observation forms will be shown to the team member and if there is any cause for concern they may ask to see individual forms.

OBSERVER

Your Name:

Your Position:

Signature:

Date Form Completed:

Thank you for your help with this important exercise.

Trainer: Date:

TEAM OBSERVATION FORM 1

To be given to a selection of the trainee's work colleagues. To be completed by a minimum of 3/6 (basic/advanced) colleagues.

Relationship with clients	Unsatisfactory	Satisfactory	Good	Very Good	Unable to comment
Treats patients politely and considerately					
Respect patients privacy and dignity					
Respects patients confidentiality					
Involves patients in decisions about care					

Comments (Please provide feedback which is valuable for trainees)

.....

.....

Relationship with colleagues	Unsatisfactory	Satisfactory	Good	Very Good	Unable to comment
Liaises with colleagues about care of clients					
Seeks advice appropriately					
Works effectively as a member of a team					
Delegates work appropriately					
Accepts criticism and responds constructively					
Gives adequate notice of leave of absence					

Comments

.....

.....

Information gathering/note keeping	Unsatisfactory	Satisfactory	Good	Very Good	Unable to comment
Keeps records of acceptable quality (Nurses: ensure documentation is in line with NMC guidelines)					

Comments

.....

.....

Time managements/diligence	Unsatisfactory	Improvement needed	Satisfactory	Good	Unable to comment
Manages time effectively					
Keeps up to date with administrative task					

Comments

.....

.....

TEAM OBSERVATION FORM 2

(Summary of Meno TOF.1s)

Trainee's name: **Date:**

The Principal Trainer should collate the information from all MENO.TOF1 forms received and summarise it on this form. The numbers in the columns indicate the number of forms received containing a tick in that column.

Total number of MENO.TOF1 forms received: _____

Minimum of 3/6 (basic/advanced) forms required

Relationship with clients	Unsatisfactory	Improvement needed	Satisfactory	Good	Unable to comment
Treats patients politely and considerately					
Respect clients privacy and dignity					
Respects clients confidentiality					
Involves clients in decisions about care					

Comments

.....

Relationship with colleagues	Unsatisfactory	Improvement needed	Satisfactory	Good	Unable to comment
Liaises with colleagues about care of clients					
Seeks advice appropriately					
Works effectively as a member of the team					
Delegates work appropriately					
Accepts criticism and responds constructively					
Gives adequate notice of leave of absence					

Comments

.....

MENO/TOF2 continued

Information gathering/note keeping	Unsatisfactory	Improvement needed	Satisfactory	Good	Unable to comment
Keeps records of acceptable quality (Nurses: ensure documentation is in line with NMC guidelines)					

Comments

.....

.....

Time managements/diligence	Unsatisfactory	Improvement needed	Satisfactory	Good	Unable to comment
Manages time effectively					
Keeps up to date with administrative task					

Comments

.....

.....

Principal Trainer's Signature:

Date:

Summary of discussion of the above between Principal Trainer and Trainee (to be dated and signed by both)

Principal Trainer: **Trainee:**

Date:

EVALUATION OF TRAINING BY TRAINEE

To be completed by the Trainee on completion of the training programme IN CONFIDENCE and sent to the SSM Secretary at the Faculty of Sexual and Reproductive Healthcare, 27 Sussex Place, London NW1 4RG. If the Principal Trainer is the Chairman, please send to the Vice Chairman.

Training Centre Name:

1. Did the Theory Course you attended provide you with the basic knowledge you required prior to commencing the clinical part of your training?

Yes	No	Comments

2. Has the training programme given you the skills and confidence to consult independently?

Yes	No	Comments

3. How confident are you at managing women requiring routine menopause care and referring on for specialist menopause care?

Confident	Fairly Confident	Not Confident	Comments

4. Overall comments about the adequacy of training (including trainers and centre)

	Poor	Could Improve	Good	Excellent
Organisation of teaching				
Content of teaching				
Quality of teaching				
Support from trainers				
Comments				

**Mini-CEX (Clinical Evaluation Exercise)
TRAINEE GUIDANCE*****What is the Mini-CEX?***

Mini-CEX is designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter. A single consultation can count towards several aspects of Mini-Cex assessment.

What should you be assessed doing?

Mini-CEX is suitable for use in (e.g.) community-based, out-patient, or acute settings. It is designed to provide feedback that should be of help to you. Therefore you should be assessed undertaking the actual clinical encounters normally expected of you within your training programme.

When should you use mini-CEX?

Mini-CEX can be used at any time, whenever you have interaction with a patient and an assessor is available. Ask the patient if they are happy for someone to watch you.

How should it work?

The observed process should take no longer than 15-25 minutes. Do what you would normally do in the situation. Your assessor should then provide some immediate feedback, which should take no longer than 5 minutes.

IT IS A REQUIREMENT OF YOUR PROGRAMME AND YOUR RESPONSIBILITY THAT THESE FORMS ARE COMPLETED. YOU SHOULD RETURN THE FORMS TO YOUR TRAINER.

Mini-CEX (Clinical Evaluation Exercise)

Assessor's Guidance

Thank you for agreeing to complete the assessment for this Trainee.

What is the mini-CEX?

Mini-CEX is designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter. The mini-CEX is a "snapshot" of a doctor/patient interaction. Elements need be assessed on at least one occasion. In keeping with the Foundation Programme quality improvement assessment model, strengths, areas for development and agreed action point should be identified following mini-CEX encounters. This form can be mapped to *Good Medical Practice*, but was designed originally by the American Board of Internal Medicine. A single consultation can count towards several aspects of Mini-Cex assessment.

Should I have been asked to be an assessor?

- You need not have prior knowledge of this Trainee.
- You should be an experienced clinician.
- Mini-CEX is suitable for use in a community-based or out-patient settings.

How should it work?

Please ensure that the patient is aware that the mini-CEX is being carried out. The process is Trainee-led. The encounter should however be representative of the work. The observed process should take no longer than 15-25 minutes. Immediate feedback should take no longer than 5 minutes. Further guidance is available online at www.mmc.nhs.uk/pages/assessment

Mini-CEX: Competencies assessed and descriptors

Question area:	Descriptor for a satisfactory Trainee:
History Taking	Facilitates patient's history, effectively uses appropriate questions to obtain accurate, adequate information, responds appropriately to verbal and non-verbal cues.
Physical Examination	Follows appropriate examination of scrotum, explains to patient; sensitive to patient's comfort, modesty.
Clinical Judgement	Considers risks
Communication Skills	Explores patients perspective, jargon free, open and honest, empathic
Organisation/efficiency	Timely, succinct. Summaries
Professionalism	Shows respect, compassion, empathy, establishes trust; Attends to patient's needs of comfort, respect, and confidentiality. Behaves in an ethical manner. Aware of limitations.
Overall Clinical Care	Demonstrates satisfactory clinical judgement, caring effectiveness. Efficiency, appropriate use of resources, balances risks and benefits, awareness of own limitations.

Specific points when completing this form:

- **Complexity of case:**
Please score the difficulty of the clinical case for the level of a Trainee undertaking the training programme.
- **Satisfaction with mini-CEX:**
Please grade your satisfaction with mini-CEX as an assessment process.
- **Using the scale:**
Please use the full range of the rating scale. Comparison should be made with a doctor who is ready to complete the training programme.
- **Feedback:**
In order to maximise the educational impact of using mini-CEX, you and the Trainee need to identify agreed strengths, areas for development and an action plan. This should be done sensitively and in a suitable environment.
- Please return a copy to the Trainee, but keep the original copy for the Trainer file.

Thank you for completing this form and feeding back to the Trainee.

Menopause Care - Mini-CEX (Clinical Evaluation Exercise) Form

Trainee's Name: **Date:**

Assessor's Name & Position

.....

Setting: **Community clinic / other (state)**

Complexity: **Low** **Moderate** **High**

Areas of competence assessed:

Please tick the relevant areas of competence assessed for each individual consultation:

	Basic Minimum required	Advanced Minimum required	Completed
Assessment	3	7	
Management Choices	3	7	
Gynaecology	2	5	
Breast	2	5	
Osteoporosis	1	3	
CVS	2	5	
Metabolic	1	3	
Mental Health	2	5	
Sexual Health	2	5	

Please rate the Trainee on each of the items listed below, using the scale provided (1 = lowest score to 9 = highest score). Mark 'N/C' (no comment) if behaviour not observed.

History Taking Skills

1 2 3 4 5 6 7 8 9 N/C
 Below Average Average Above average

Physical Examination Skills

1 2 3 4 5 6 7 8 9 N/C
 Below Average Average Above Average

Clinical Diagnostic Skills/Judgement/Synthesis

1 2 3 4 5 6 7 8 9 N/C
 Below Average Average Above Average

Communication/Counselling Skills

1 2 3 4 5 6 7 8 9 N/C
Below Average Average Above Average

Organisation/Efficiency

1 2 3 4 5 6 7 8 9 N/C
Below Average Average Above Average

Humanistic Qualities/Professionalism

1 2 3 4 5 6 7 8 9 N/C
Below Average Average Above Average

Overall Clinical Competence

1 2 3 4 5 6 7 8 9 N/C
Below Average Average Above Average

Trainee satisfaction with mini-CEX (Trainee to complete)

Low 1 2 3 4 5 6 7 8 9 High

Comments specifying anything especially good or areas of concern. Suggestions for development if possible. Discussion with Trainee.

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Trainee's Signature: **Assessor's Signature:**

This page should be repeated as often as necessary

CASE-BASED DISCUSSION (CbD)

GUIDELINES FOR ASSESSORS

Assessors may be any health professional deemed appropriate by the principal trainer.

The assessor should explain to the Trainee that the purpose of this exercise is the assessing of clinical competence.

The Trainee should record the consultation based on his/her usual practice. The Trainer should fill in the form and use it to inform discussion following observation of the Trainee. The assessment is designed to assess clinical decision-making and the application or use of medical knowledge. It will allow discussion on why the Trainee acted as s/he did.

Familiarise yourself with the assessment form and complete the form at the end of the procedure.

The Assessor should not give advice or any help to the Trainee unless asked to do so or unless it is felt necessary to complete the consultation.

GUIDELINES FOR TRAINEES

Assessors may be any health professional deemed appropriate by the principal trainer.

The CbD is designed to provide feedback that is of help to you. The estimated time required per case is 20-25 minutes: 15-20 for assessment and 5 minutes for feedback.

Manage and record case(s) based on your usual practice.

You and your assessor should fill in the forms separately and use them to inform discussion following the observation of your clinical session. The discussion with your assessor will be centred on your record in the notes and is designed to assess clinical decision making and the application or use of medical knowledge in the care of the your own patients. It enables the discussion of why you acted as you did.

Please send a copy of your checklist and CbD Assessment forms, signed and dated to your Principal Trainer and keep the originals. A further signed and dated copy must go to the Faculty with all paperwork required for granting the certificate on completion of training.

Remember to complete an evaluation form after each assessment, send a copy to your Principal Trainer and keep the original in your Personal Development File.

MENOPAUSE: OUTPATIENT CLINIC CASE-BASED DISCUSSION RECORD

Trainee's Name:		Assessor's Name:		Date:	
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Case (anonymised) Clinical details of complexity/ Difficulty of case	
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Areas of competence involved:	<i>Basic Minimum required</i>	<i>Advanced Minimum required</i>	<i>Completed</i>
Assessment	3	7	
Management Choices	3	7	
Gynaecology	2	5	
Breast	2	5	
Osteoporosis	1	3	
CVS	2	5	
Metabolic	1	3	
Mental Health	2	5	
Sexual Health	2	5	

Item assessed	Done adequately/ independently	Needs help
Clinical assessment		
Assessment and referrals (if required)		
Management		
Follow-up and future planning		
Professionalism		
Overall clinical judgement		
Assessor's feedback		

This page should be repeated as often as necessary

**OBJECTIVE STRUCTURED ASSESSMENT OF TECHNICAL SKILLS
(OSATS)****GUIDELINES FOR ASSESSORS**

Assessors may be Consultants, experienced Associate Specialists / Staff Grades or experienced GPs.

The Trainee should perform the procedure based on his/her usual practice. The Trainee and Trainer should use the form to inform discussion following observation of the Trainee. The assessment is designed to assess technical skills. It enables discussion on technique and will allow discussion on why the Trainee acted as s/he did.

It is planned that each Trainee should be assessed by OSATS at least once in a training programme; if only once, it must be by the Principal Trainer as part of the summative assessment.

Trainees must already have achieved competence (direct supervision) in the procedure being evaluated.

Familiarise yourself with the assessment form and complete at the end of the procedure. The Trainee and Trainer should use it to inform discussion following observation of the Trainee.

Do not give advice or any help to the Trainee unless asked to do so or unless you feel it is necessary.

For each procedure complete an OSATS Assessment sheet.

It is not necessary to obtain written consent from patients, but it would be prudent to say that the Trainee is partaking in an assessment with full supervision.

3 copies of the forms should be kept:

- One for the Trainee's portfolio.
- One for the Principal Trainer.
- One to go back to the Faculty with all forms when the certificate is applied for.

OSATS: Breast examination: Essential for basic and advanced
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Trainee's Name:		Assessor's Name:		Date:	
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Case (anonymised). Clinical details of complexity / difficulty of case	
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Procedure under observation	Done adequately/ independently	Needs help
Positions patient correctly		
Carries out breast exam		
Assessor's feedback		

OSATS: Endometrial biopsy Desirable for Basic, essential for Advances
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Trainee's Name:	Assessor's Name:	Date:	
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Case (anonymised). Clinical details of complexity / difficulty of case	
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Procedure under observation	Done adequately/ independently	Needs help
Examination of the external genitalia		
Administration of anaesthesia		
Appropriate choice of instruments		
Endometrial sampling		
Assessor's feedback		

OSATS: Insertion of Hormone Implant: Essential for basic and advanced
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Trainee's Name:	Assessor's Name:	Date:	
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Case (anonymised). Clinical details of complexity / difficulty of case	
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Procedure under observation	Done adequately/ independently	Needs help
Identification of insertion site		
Administration of anaesthesia		
Appropriate choice of instruments		
Insertion of implant		
Ensure haemostasis		
Assessment of the need for skin closure		
Assessor's feedback		

OSATS: Insertion of IUS: Desirable for Basic, Essential for Advanced

Trainee's Name:		Assessor's Name:		Date:	
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Case (anonymised). Clinical details of complexity / difficulty of case	
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Procedure under observation	Done adequately/ independently	Needs help
Examination of the external genitalia		
Bimanual Examination		
Administration of anaesthesia		
Appropriate choice of instruments		
Insertion of IUS		
Provision of interim contraceptive if needed		
Assessor's feedback		

OSATS: Urogenital examination: Essential for basic and advanced
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Trainee's Name:	Assessor's Name:	Date:	
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Case (anonymised). Clinical details of complexity / difficulty of case	
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Procedure under observation	Done adequately/ independently	Needs help
Positions patient correctly		
Examines external genitalia		
Speculum examination		
Take appropriate swabs		
Carries out bimanual examination or refers appropriately if required		
Assessor's feedback		

**FINAL APPLICATION FOR THE BASIC/ADVANCED CERTIFICATE OF MENOPAUSE CARE
(After completion of training)**

Please send this form to: **SSM Group Secretary**
Faculty of Sexual and Reproductive Healthcare
27 Sussex Place, London, NW1 4RG

SURNAME:

OTHER NAMES:

QUALIFICATIONS:

DATE OF BIRTH..... **GMC/NMC/other NUMBER**

ADDRESS:

..... **POSTCODE:**

Tel (work): **Tel (home):**

Tel (mobile): **Email:**

Training number MENO/.....

To which menopause society do you belong? Please provide your membership number

Society:

Society Membership Number:.....

This part should be completed after the Principal Trainer has signed off the logbook

I hereby apply for the Certificate in Menopause Care of the Faculty of Sexual and Reproductive Healthcare having completed the required training curriculum.

Please find the following documentation enclosed (please tick as appropriate):

- The Report on Trainee for the Certificate of Menopause Care (MENO.Rep)
- A photocopy of the completed Curriculum and Logbook (excluding pages 4-11)
- Mini-CEX
- CBD
- DOPs
- Team Observation Form summary (MENO.TOF2) of at least 3 TOF 1s for the basic certificate and 6 for the advanced certificate.
- "Evaluation of Training by Trainee" Form
- Copy of Certificate of Attendance at a Faculty accredited menopause theory course
- Completed Checklist

SIGNED: **DATED:**

1. Please ensure that you have used the correct postage to cover the cost of mailing this and all associated documentation.
2. Please ensure that you have not included any patient identifiers/personal details in the logbook

CHECKLIST FOR APPLICATION FOR THE CERTIFICATE

Please tick if completed:	Pre-requisites for submission of certificate application:	Page number in Logbook:
	Registered as a Trainee with The Faculty and have been issued a trainee number	P.11
	1 x Form for Application for a Certificate of Menopause Care	P.11
	Attendance at a Faculty approved theory Course - a theory course must be attended within the first year of practical training - practical training must be completed within 3 years of the date of attendance at a recognised menopause theory course 1 x copy of Certificate of Attendance at a Faculty approved theory course enclosed	
	All parts of logbook have been completed and copies are enclosed	
The following assessments and forms have been completed and copies included		
	1 x Initial assessment with the Principal Trainer	P.26
	2 x Interim assessments 3 x interim assessments for advanced - 1 interim assessment must be with the Principal Trainer - 1 interim assessment must be with another delegated trainer for the advanced certificate	P.30
	1 x Summative assessment with the Principal Trainer	P.31
	1 x List of all trainers who signed off competencies and their signatures	P.41
	1 x Report on Trainee - this should only be completed and signed by the Principal Trainer once all aspects of training have been completed	P.43
	1 x Team Observation Form 2 - minimum of 3/6 Team Observation Form 1s should be completed by the trainee's colleagues (p. 28 - 29)CHECK	P.48
	"Evaluation of Training by Trainee" form MENO.EVA	P.50
	Copy of log of practical procedures Copy of Minicex sign off form(s) Copy of CBD sign off form	P.34 P.35 P.56

I can confirm that I have completed the checklist and included all of the paperwork completed:

Trainee Name:

Signed: