



# Principles and Practice of Menopause Care Curriculum

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*Published: September 2020*

*Review date: September 2023*

## Introduction

**Principles and Practice of Menopause Care (PPMC)** is a programme introduced in September 2020 and based on the **BMS Vision for menopause care in the UK**.

[www.thebms.org.uk/publications/bms-vision](http://www.thebms.org.uk/publications/bms-vision)<sup>1</sup>

## What is the PPMC programme?

The PPMC programme comprises progressive theory and practical training components in menopause care.

The programme is designed for doctors, nurses and pharmacists working in menopause care, including those engaged in community, primary and secondary care. Trainees must be registered with the GMC/NMC/GPhC.

[www.thebms.org.uk/ppmc](http://www.thebms.org.uk/ppmc)

## Who should consider the PPMC programme?

The **BMS Principles and Practice of Menopause Care course** is appropriate for doctors, nurses and pharmacists who wish to understand the essential foundations of menopause care. This virtual course combines a series of pre-recorded module lectures with a fully interactive Zoom day, offering an opportunity to ask questions and reinforce learning through case study discussion. Membership of the BMS is recommended, but it is not a requirement.

[www.thebms.org.uk/education/education-calendar](http://www.thebms.org.uk/education/education-calendar)

The **BMS Certificate in the Principles and Practice of Menopause Care** is an appropriate qualification for doctors and nurses who undertake menopause consultations in general practice, including NHS and private clinics and who wish to utilise their knowledge and skills in menopause care. They will need support/advice for management of complex cases. It is also suitable for pharmacists (both clinical and independent prescribers). Membership of the BMS is required.

The **BMS Advanced Certificate in the Principles and Practice of Menopause Care** is designed for doctors, independent nurse prescribers and pharmacist independent prescribers wishing to provide specialist menopause care including the management of complex cases and who may have career ambitions to lead a service. This includes healthcare professionals working in hospital and community menopause services, GPs with an extended role in menopause (GPwER), and those leading menopause services in private healthcare organisations. Membership of the BMS is required.

Trainees awarded the Advanced Certificate are eligible to become a **BMS Menopause Specialist**.

[www.thebms.org.uk/menopausespecialists](http://www.thebms.org.uk/menopausespecialists)

*Note: Trainees do not have to become a **BMS Menopause Specialist**, which is a benefit of membership of the Society, although they are, of course, encouraged to apply. The competencies required are shown below in the re-certification section.*

<sup>1</sup> The BMS Vision for menopause care in the UK was first published in July 2017 and endorsed by the RCGP, RCN, RCOG and FSRH. Edition 2 was published in September 2020. The Vision was predicated on the NICE Guideline Menopause: diagnosis and management (NG23) published in 2015.

### What does the PPMC competency-based training comprise?

Following registration for the PPMC competency-based training, trainees will be provided with access to the PPMC e-portfolio.

Trainees must attend a BMS PPMC course or the RCOG/BMS Post Reproductive Health meeting.

Training can be undertaken in community, primary and/or secondary care under the supervision of an approved **BMS Menopause Trainer**. The **BMS Menopause Trainer** may delegate elements of the training to other healthcare professionals but will be responsible for ensuring that trainees achieve the appropriate level of competency. A register of **BMS Menopause Trainers** is maintained in the BMS office.

Trainees completing the **BMS Certificate in the Principles and Practice of Menopause Care** must demonstrate that they can act independently to offer specialist menopause care with access to support/advice for management of complex cases. Those who wish to undertake the qualification will need to be a BMS member (or apply to become a BMS member prior to commencing the training for the qualification).

Trainees completing the **BMS Advanced Certificate in the Principles and Practice of Menopause Care** must demonstrate that they can act independently to offer specialist menopause care, including management of complex cases. They should possess the knowledge and skills to lead and run a specialist menopause service.

Trainees will be expected to collect evidence in their portfolio that demonstrates they have met the requirements of the knowledge criteria and key skills for each module of the Curriculum. Those who wish to undertake the qualification will need to be a BMS member (or apply to become a BMS member prior to commencing the training for the qualification).

Once the **BMS Menopause Trainer** has signed off the portfolio, trainees must submit their portfolio to the BMS office for certification.

### Re-certification

Trainees awarded the **BMS Certificate in the Principles and Practice of Menopause Care** are not required to re-certify.

It remains the responsibility of clinicians to practise within their own areas and levels of expertise and to seek further support and advice for the management of complex

menopause cases from other specialists as required.

Trainees awarded the **BMS Advanced Certificate in the Principles and Practice of Menopause Care** and who are registered as a **BMS Menopause Specialist** must re-certify every three years. This requires them to fulfil the criteria:

- a. Be a current member of the BMS, with continuous membership for the past three years.
- b. Attend the BMS annual scientific conference at least once in the previous three years, or an equivalent scientific conference, e.g. International Menopause Society (IMS) or European Menopause and Andropause Society (EMAS).
- c. Confirm ongoing provision of specialist menopause care at a minimum number of 100 menopause-related consultations per year, of which at least 50 are new cases.
- d. Ensure that the specialism is documented in their job plan and is discussed and recorded at their annual appraisal.

A review panel from the BMS Medical Advisory Council will confirm re-certification. In exceptional circumstances it may take account of variations from the criteria.

*Note: Trainees awarded the **BMS Advanced Certificate in Menopause Care** but who are not registered as a BMS Menopause Specialist are required to re-certify their **Advanced Certificate** every three years by fulfilling the criteria listed above. This is to ensure they are maintaining their skills and experience relevant to the Advanced Certificate.*

The BMS maintains a register listing all trainees with the level and date of qualification and re-certification.

It remains the responsibility of clinicians to practise within their own areas and levels of expertise including the management of complex cases and to seek further advice from other specialists as required.

## PPMC Curriculum

### Levels of supervision, competency and assessment of progress

Each of the five modules must be signed off using the five levels of supervision defined below.

Completion of the **BMS Certificate in the Principles and Practice of Menopause Care** requires achieving supervision at Level 4 in all modules of the Curriculum.

Completion of the **BMS Advanced Certificate in the Principles and Practice of Menopause Care** requires achieving supervision at Level 5 in all modules of the Curriculum. In addition, trainees completing the Advanced Certificate will be expected to demonstrate an understanding of the principles of setting up and running a menopause service and demonstrate the required leadership skills to do so as specified in Module 5 of the Curriculum.

### Levels of supervision

| Level   | Descriptor  |
|---------|---|
| Level 1 | Entrusted to observe  |
| Level 2 | Entrusted to act under direct supervision: (within sight of the supervisor)   |
| Level 3 | Entrusted to act under indirect supervision: (supervisor immediately available on site if needed to provide direct supervision)   |
| Level 4 | Entrusted to act independently to offer specialist menopause care with access to support / advice for management of complex cases |
| Level 5 | Entrusted to act independently and to lead and run a specialist menopause service   |

### Levels of competency

|  |   |
|--|---|
| <b>Certificate in the Principles and Practice of Menopause Care</b>          | Able to independently offer specialist menopause care but expected to access support/advice for management of complex cases. This is confirmed by achieving supervision Level 4 in all modules of the Curriculum                      |
| <b>Advanced Certificate in the Principles and Practice of Menopause Care</b> | Able to independently offer specialist menopause care including management of complex cases. Able to lead and run a specialist menopause service. This is confirmed by achieving supervision Level 5 in all modules of the Curriculum |

It remains the responsibility of the clinician to practice within their own areas and levels of expertise and to seek further advice from other relevant specialists as required

All clinicians are expected to work within their expertise and knowledge to the core standards in respect of:

- Clinical governance
- Quality improvement
- Audit
- Ethical and legal issues
- Clinical pathways
- Local and national guidelines
- Sources of both written and web-based information
- Evidence based practice
- Unlicensed use of licensed medications in accordance with GMC/NMC guidelines.

## Module 1: Assessment of women presenting with menopausal symptoms

### Knowledge criteria

- The short-term and medium-term sequelae of the menopause:
  - Vasomotor symptoms, incidence and aetiology
  - Insomnia and sleep disturbances
  - Mood disorders
  - Urogenital atrophy (effect on female urethra, bladder, vagina and pelvic floor muscles)
  - Cognitive symptoms including impaired memory and concentration
  - Sexual changes & sexual dysfunction
  - Lack of energy and fatigue
  - Connective tissue effects including skin and hair.

### Key Skills

Takes a relevant medical and lifestyle history and assessment

Applies an understanding of the pathophysiology of the menopause and be able to explain this to the woman presenting with menopausal symptoms

### Clinical Competency

- Takes appropriate history and assessment relating to menopause
- Formulates a differential diagnosis
- Provides relevant health and lifestyle advice
- Is able to address ethnic and trans-cultural issues
- Is able to assess the impact of symptoms and prioritise the woman's needs.

- Performs appropriate assessment with the minimum of distress to the patient
- Demonstrates an understanding of the principles of psychosexual evaluation
- Takes a sexual history including dyspareunia, vaginismus, psychosexual dynamics and libido
- Identifies and refers the women with psychosexual problems
- Understands the indications for carrying out a clinical examination determined by assessment of presenting symptoms
- Able to perform the relevant examination or if the practitioner does not feel able to conduct then appropriate referral should be made
- Able to discuss contraceptive requirements in peri-menopausal and menopausal women and contraceptive options in women on HRT.

### Evidence to inform decision

- Mini-CEX
- CbD
- Reflective practice
- Log of cases
- Observation of consultations
- Management of consultations
- Team Observation forms
- IMPART e-learning module

## Module 2: Understanding the benefits and risks of HRT and alternative therapies

### Knowledge criteria

- The place of estrogen, progestogen, and testosterone in managing menopausal symptoms
- The routes of delivery for medication and circumstances when these are indicated
- Types of HRT available and different combinations
- Side effects associated with estrogen, progestogen and testosterone intake
- Contraindications, risks and adverse effects of different preparations
- The implications and management options, and the role of conventional and complementary therapies, for the woman with:
  - breast cancer
  - gynaecological malignancy, e.g. ovarian, endometrial and cervical
  - endometriosis
  - fibroids
  - cardiovascular disease
  - neurological disease, e.g. migraine, epilepsy, Parkinson's disease, Alzheimer's disease, multiple sclerosis
  - gastrointestinal disease, e.g. Crohn's diseases, disorders of the gall bladder and liver, lactose intolerance
  - endocrine, e.g. diabetes and thyroid disease
  - autoimmune disease, e.g. rheumatoid arthritis, SLE
  - HIV
- The importance of lifestyle and environment on risk
- Bone physiology including genetics, peak bone mass, and contributing factors (environment, exercise, anorexia/bulimia)
- Methodology for investigating and screening bone density, including DEXA and ultrasound densitometry
- Bone markers and their relevance
- Fracture risk assessment tools (e.g. FRAX, QFracture, Garvan)
- The role and place of HRT and pharmaceutical alternatives, e.g. bisphosphonates, SERMs
- The predisposing factors for cardiovascular risk, e.g. obesity, diabetes, blood pressure, thrombotic risk
- The effect of estrogen on lipid profile, coagulation factors, insulin sensitivity and weight distribution
- Epidemiological studies and distinction between primary and secondary prevention.
- Understanding of basic lipid profile and cardiovascular risk markers
- Understanding of the indications for referral for cognitive assessment in menopausal patients
- Effects of estrogen on the central nervous system
- Estrogen receptor sites and neurotransmitters
- Effects on cerebral blood flow
- Different types of dementia
- Non-modifiable and lifestyle risk factors for breast cancer.
- The role of HRT in women with benign breast conditions and the different levels of risk in these groups
- Principles of the NHS breast screening programme and the indications for imaging in symptomatic women
- The referral guidelines for women with breast symptoms and diagnostic triple assessment
- Principles of adjuvant endocrine therapy for breast cancer and chemoprevention in women at high risk of breast cancer in order to advise patients appropriately
- The risks of treatment and non-treatment.

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**Key Skills**

Able to evaluate the need for and prescribe the appropriate medical therapy and route of delivery

Aware of alternative treatments

Able to undertake clinical assessment of osteoporosis risk and make appropriate recommendations

Able to risk assess and advise women with personal and/or familial cardiovascular risk factors

Able to undertake clinical assessment of breast cancer risk

**Clinical Competency**

- Creates an individual benefit (e.g. osteoporosis and cardiovascular) / risk (e.g. breast, VTE, stroke endometrial) ratio for HRT based on personal and family risk profile and patient choice and understands how this is affected by route of delivery
- Counsels a woman with specific pre-existing medical conditions on the management of the menopause.
- Demonstrates familiarity with the long-term effects of HRT on bone health
- Is able to advise on the long-term effects of HRT on the cardiovascular system, cognitive function and dementia, and on the breast
- Discusses changes in memory and cognitive function in menopausal women and the potential benefits of HRT.

- Counsels on the efficacy and safety of pharmacological alternatives for managing menopausal symptoms.
- Counsels on the efficacy of cognitive behavioural therapy for managing menopausal symptoms.
- Counsels on the efficacy and safety of complementary therapies for managing menopausal symptoms.

- Correctly identifies patients with risk factors for osteoporosis
- Discusses lifestyle and therapeutic interventions with women at risk of osteoporosis and those with established disease
- Applies knowledge of the role of calcium and vitamin D supplementations in menopausal women at risk of osteoporosis
- Recommends appropriate investigations, e.g. DEXA
- Interprets bone density assessment findings
- Conveys the findings to the patients to enhance understanding without unnecessary alarm
- Liaises with osteoporosis/radiologist specialist.

- Discusses cardiovascular benefits and risks of HRT
- Discusses risk of VTE and stroke with HRT and the effect of different routes of estradiol administration and type of progestogen
- Makes appropriate recommendations regarding therapeutic choices in patients with pre-existing cardiovascular disease
- Liaises with haematology specialist where appropriate.

- Identifies and refers women with breast problems/cancer risk.
- Offers management options for menopause symptoms/ low bone density in women with previous breast cancer and those at an increased risk due to a family history, including those who have undergone prophylactic risk-reducing surgery, and women using chemoprevention.

**Evidence to inform decision**

- Mini-CEX
- CBD
- Reflective practice
- Team Observation forms
- IMPART e-learning module

### Module 3: Diagnosis and management of women with premature ovarian insufficiency (POI)

#### Knowledge criteria

- The physiology, epidemiology and demography of the climacteric to include:
  - Endocrine changes
  - Aetiology, diagnosis and investigation of ovarian insufficiency
  - Primary and secondary ovarian failure & surgical menopause
- The role of AMH in assessing ovarian reserve and its potential role in the assessment of women with POI where the diagnosis is inconclusive
- Genetics of the menopause and the role of genetic screening and auto-antibody screening in women with POI
- The differences between HRT, COC as well as the difference between COC containing ethinyl estradiol and COC preparations containing estradiol
- The fertility implications of POI and the options available to women with POI seeking a pregnancy including the role of egg donation
- The role, pros and cons of fertility preservation and oocyte freezing in women at risk of POI
- The role of HRT in treating low bone density
- The limitations and reservation regarding the use of bisphosphonates in women with POI.

#### Key Skills

Able to diagnose POI

#### Clinical Competency

- Applies an understanding of the physiological changes in FSH levels, inter-cyclical variations and the role of FSH in the diagnosis of POI
- Is able to diagnose POI and discusses differential diagnosis.

Able to discuss the short-term and long-term sequelae of POI and its management

- Counsels on the impact of POI on bone, cardiovascular and cognitive health and is able to discuss the role of HRT / combined hormonal contraception (COC) in minimising the long-term health sequelae associated with POI
- Discusses the role of HRT for symptom management.
- Is able to demonstrate understanding of contraceptive needs/options in women with POI.
- Able to discuss the fertility implications of POI and the options available to women with POI seeking a pregnancy.

Able to discuss management of low bone density in women with POI

- Screens for bone density, e.g. DEXA and bone turnaround markers and understands their relevance.
- Discusses lifestyle modifications, the role of weight-bearing exercise, calcium and Vitamin D supplementations.

#### Evidence to inform decision

- Mini-CEX
- CBD
- Reflective practice
- Team Observation forms
- IMPART e-learning module

## Module 4: Assessment and management of abnormal bleeding in peri- and post-menopausal women and unscheduled bleeding in women on HRT

### Knowledge criteria

- The difference between sequential and continuous combined HRT regimens and the bleeding patterns expected with both
- The causes of abnormal bleeding in peri-menopausal and post-menopausal women and those of unscheduled bleeding in women on HRT, and the principles of assessment in such cases
- The management options for women with unscheduled bleeding on HRT including modifications of their progestogen intake including changing dose, duration of intake or the progestogen preparation used within the HRT regimen.

### Key Skills

Able to recognise and investigate abnormal endometrial bleeding

### Clinical Competency

- Assesses bleeding pattern and recognises abnormal bleeding.
- Interprets ultrasound and endometrial histology results
- Chooses appropriate HRT regimen according to bleeding pattern and uterine status
- Modifies HRT regimen if bleeding or progestogenic side effects
- Discusses the risk of endometrial cancer with HRT.

### Evidence to inform decision

- Mini-CEX
- CBD
- Reflective practice
- Team Observation forms
- IMPART e-learning module

## Module 5: Provision of menopause care

### Knowledge criteria

- Understands principles of clinical governance in the domains of:
  - Clinical effectiveness
  - Patient safety
  - Patient experience
- Understands formulary principles and criteria for off licence prescribing
- Understands the links with primary and secondary care
- Understands ethical issues related to clinical decision making and legal responsibilities
- Understands definition and conduct of audit e.g. benchmarking, audit cycle, closing the loop.

### Key Skills

Understanding of clinical governance, service and formulary principles

### Clinical Competency

- Demonstrate an understanding of clinical governance principles including audit and guidelines and their application in clinical practice
- Is aware of available sources of both written and web-based information
- Demonstrates an understanding of the criteria proposed by the GMC, NMC and MHRA on prescribing an unlicensed medicine or using medicines outwith their product licence.

**In addition, trainees completing the Advanced Certificate in the Principles and Practice of Menopause Care will be expected to demonstrate an understanding of the principles of setting up and running a menopause service and demonstrate the required leadership skills to do so. This will require achieving the following:**

### Knowledge criteria

- To provide clinical leadership with respect to clinical governance in the domains of:
  - Clinical effectiveness
  - Patient safety
  - Patient experience
- Understands principles of setting up and maintaining a formulary
- Understands organisational structure of CCGs/Trusts (or the equivalent local management structures) and funding issues
- Understands the principles of data analysis and collection related to outcomes within the local clinical setting
- Demonstrates leadership skills required in clinical organisation.

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**Key Skills**

Clinical governance and service development requirements

Formulary and prescribing aspects

**Clinical Competency**

- Demonstrates involvement in quality improvement.
- Carry out an audit project
- Understands the role of management teams and CCGs (or the equivalent local management structures)
- Demonstrates understanding of service financial considerations
- Understands the principles of data analysis and collection related to outcomes within the local clinical setting
- Establishes and/or enhances local clinical pathways.

- Demonstrates an understanding of relevant formulary processes including the principles of applying to introduce a new medication on the local formulary.

**Evidence to inform decision**

- Mini-CEX
- CBD
- Reflective practice
- Team Observation forms

**Advanced Certificate in the Principles and Practice of Menopause Care:**

- Perform audit/quality improvement project
- Develops/understands the principles of developing local clinical pathways