

## Competences:

a competence framework for nurses  
working in the field of menopause





Royal College  
of Nursing

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**The RCN Women's Health Forum would welcome your feedback on the competences as you use them in your professional practice. Please visit the RCN Women's Health Forum community pages at [www.rcn.org.uk/communities](http://www.rcn.org.uk/communities)**

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# Competences:

*a competence framework for nurses  
working in the field of menopause*

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## Foreword

A sub-group of the RCN Women's Health Forum, the RCN National Menopause Nurse Group was established in 2003 with the objective of:

- driving professional nursing practice within the field of menopausal health, and offering clinical leadership for nurses during periods of change
- promoting education to all nurses on issues relating to menopause
- encouraging a multidisciplinary approach to menopause care
- promoting issues relating to menopause across all RCN forums, and considering how menopause may impact on the clinical practice of individual forums.

These competences have been developed to provide guidance for nurses working in the field of menopause.

The Department of Health publication *Modernising nursing careers: setting the direction* (DH, 2006) proposed career development for nurses built around patient pathways; competences allow greater flexibility and transferability across traditional organisational and career boundaries.

The evolving role of the menopause nurse is essential to the provision of expert clinical care, and for the education of both patients and health care professionals. Menopause nurses work in many different settings – including outpatients, ward areas and primary care – with roles that vary according to service and patient need.

This national menopause competence framework can be used by all nurses with an interest in menopause to practice as safe, effective and accountable practitioners in menopause management. The competences also incorporate nurse consultants, who are increasingly active in menopause care, as well as health care support workers.

## Context

Agenda for Change (DH, 1999), the NHS Knowledge and Skills Framework and the Development Review Process (DH, 2004), and the NHS Plan (DH, 2000) are all key drivers for expanding the role of nurses, who are increasingly responsible for seeing and advising women at the time of menopause and promoting health into the

years beyond. There are few accredited courses in menopause specifically for nurses, although the British Menopause Society supports the need for multidisciplinary working. With the Royal College of Obstetricians and Gynaecologists establishing standards of care within the field of menopause, a nurse-led competence framework is clearly required if the challenges of expanding roles are to be met and services to women improved.

The RCN Menopause Steering Group is made up of representatives from England, Scotland and Northern Ireland working in menopause and has links with international menopause societies, as well as representation on the British Menopause Society and the National Institute for Health and Clinical Excellence (NICE).

# The competence framework for nurses and health care support workers working in the field of menopause

## Competence 1: Caring for women experiencing the menopause

Level	Competence	KSF	Performance criteria	Knowledge and understanding	Attitudes and behaviours	Contextual factors
2	Support the woman through clinical procedures and undertake assessment activities under supervision  Use basic understanding to assist in emotional support of women	Core 1	The individual woman's needs are anticipated and relevant support is provided within the setting  Able to anticipate patient need	Understand menopausal symptoms  Have a basic understanding of the physiology of menopause and an appreciation of its effects, both physical and psychological	Sensitivity	RCN Menopause: Lifestyle and treatment approaches (2010)  RCN Learning Zone
		HWB6	Perform baseline physiological measurements to include BP, height, weight and calculate BMI	Know how to calculate BMI  Undertake baseline physiological measurements  Be familiar with routine reporting mechanisms	Observant	Local policies and procedures SFH CHS19
		HWB7	Acts as chaperone for procedures  Maintain privacy	Awareness of normal procedure	Considerate	Local chaperoning policy  RCN Chaperoning (2003)
3/4	Undertake additional clinical roles when caring for women with menopause according to local service protocols, for example venepuncture	HWB8	Adheres to local policies and procedures  Completes required theoretical and practical components of required training  Undertakes supervised practice until deemed competent	Aware of local policies  Understanding of line of accountability in practice  Has the required theoretical knowledge and understanding specific to the function to be performed		Possible additional clinical functions may include: venepuncture SfH CHS132
5	Demonstrate understanding of menopause that will enhance care of each individual woman at the time of menopause	Core 1	Clear understanding of the accountability issues relating to independent practice in menopause	Define menopause, incidence, demographics, and aetiology  Have an understanding of endocrinological changes in ovarian function, aetiology of ovarian failure including hypothalamic, pituitary ovarian axis feedback mechanism  Understand symptoms of the menopause with regard to changes in menstrual patterns, vasomotor and psychological symptoms  Appreciate the causes of early menopause such as chromosomal abnormalities, iatrogenic factors  Understand definition of primary and secondary ovarian failure and surgical menopause  Know the psychological impact of diagnosis of menopause, especially premature ovarian failure  Know the long-term effects of menopause on health with regard to urogenital tract; cardiovascular system; skeleton – bone mass; brain – cognitive function  Know how to apply theoretical knowledge to clinical practice – menopause evidence-based care	Willing to learn	NMC Code (2008)  NMC Standards to support learning and assessment in practice (2008)  BMS Handbook (2009)  Study Days/Conferences  Foundation/Basic level courses

## Competence 1: Caring for women experiencing the menopause

Level	Competence	KSF	Performance criteria	Knowledge and understanding	Attitudes and behaviours	Contextual factors
5	Undertake comprehensive holistic health history from the woman encompassing: physical, social, psychological, emotional, sexual, spiritual and lifestyle aspects as appropriate	HWB 1 HWB 2 HWB 3	Clearly documented comprehensive holistic health history obtained from the woman, showing evidence of critical thinking in obtaining information including consideration of significant factors such as learning disabilities, co-existing disease, abnormal vaginal bleeding	Demonstrate understanding of relevance and need to elicit a clear and concise clinical picture of presenting issues  Understand the importance of obtaining: full menstrual history, symptoms history, concomitant medicines prescribed and illicit drugs and allergies. Family history of breast, ovarian, bowel cancer, current contraception and pregnancy risk, if appropriate  Detailed medical and surgical history including breast issues, VTE. Know risk factors for heart disease; stroke and osteoporosis  Assess existing coping strategies and therapies tried, both hormonal and non hormonal – effectiveness/side-effects  Able to discuss lifestyle factors and stresses – influence on symptoms of menopause.  Consider domestic violence  Understand role of genetic factors in health and disease modification and importance of family history in assessing predisposition to disease  Take into account patient preference  Able to evaluate psychological/emotional impact of menopause	High level of sensitivity  Non judgmental	BMS History template <a href="http://www.thebms.org.uk">www.thebms.org.uk</a> or local policy  Greene climacteric scale <a href="http://www.menopause.matters.co.uk">www.menopause.matters.co.uk</a>  RCN <i>Learning Disability</i> (2006)  RCN <i>Domestic Violence</i> (2000)  RCN <i>Guide to Genetics</i> (2006)  SfHGTc1 SfHGTc2  NMC Record Keeping: Advice (2007)
	Formulate an appropriate prioritised problem list based on a comprehensive holistic assessment with the woman and partner/carer as appropriate	HWB2	All actual and potential problems are identified and accurately prioritised  Communicate to appropriate practitioner in timely manner	Able to assess actual and potential problems that may arise as a result of the woman's comprehensive assessment, knowing how to prioritise issues that arise  Recognise signs and symptoms of possible differential diagnosis (for example, anaemia, depression, thyroid dysfunction, lymphoma, carcinoid tumour, pheochromocytoma)	Sensitivity	BMS Handbook (2009)
	Makes therapy decisions responsibly and appropriately, according to clinical need, risk and acceptance	HWB2	Assesses women for appropriate therapy approach	Able to assess need for hormonal or non hormonal therapies, or the place of no therapy option	Understanding	NMC Code (2008)
6	Undertakes appropriate investigation and diagnosis	HWB7	Appropriate diagnostic interventions are planned and organised	Understands the need to consider cost, invasiveness, acceptability and usefulness of investigation	Sensitivity	BMS Handbook (2009)  Advanced/In-depth menopause courses  BMS Membership  SfH CHS 38 SfH CHS 39 SfH CHS 40

## Competence 1: Caring for women experiencing the menopause

Level	Competence	KSF	Performance criteria	Knowledge and understanding	Attitudes and behaviours	Contextual factors
6	Provide clear information and explain rationale of relevant investigations to the woman, including possible outcomes	Core 1	Accurate interpretation of results obtained	Knows how to interpret results of laboratory investigations in conjunction with clinical history and physical findings (for example, bone density measurements, hormone profiles, lipid profiles, thrombophilia screens; TFTs, LFTs, chromosome analysis, testosterone assays, urinalysis)  Know when to refer for further opinion/review		RCN and others <i>Clinical imaging requests for non-medically qualified professionals</i> (2008) SfH CHS 83
	Communicates the results appropriately	Core 1	Impart information on diagnosis to patient/partner/carer, as appropriate, in sensitive matter  Information communicated to the referring doctor and clearly documented in the patient's records	Able to assess potential psychological impact of diagnosis and take appropriate action  Understands importance of timely communication	Sensitivity Counselling Liaison	Local guidelines on imparting results SfH CHS48 SfH CHS99 SfH CMD5
7	Undertake a comprehensive assessment of the woman presenting at or around the time of menopause and with possible menopausal symptoms	Core 1	Analyse and interpret history, presenting symptoms and diagnostic information to make appropriate diagnosis	In depth knowledge of pelvic anatomy and physiology and appropriate skills for examination, (for example, pelvic assessment, cervical smears, ultrasound)	Sensitivity Observant Picks up on cues Non judgemental Willing to listen	RCN <i>vaginal and pelvic examination</i> (2006) Extended courses RCN <i>cervical screening</i> (2006) RCN <i>gynae cancer</i> (2008) RCN <i>HPV and cervical cancer</i> (2006) SfH CHS37 SfH C1C2 SfH CHS52 SfH CHS109 SfH CHS178
		HWB 2 HWB 6 HWB 7	Carry out pelvic assessment safely (for example, vaginal examination and/or ultrasound; cervical smear; vaginal/cervical swabs as appropriate)  Referral for investigation of abnormal bleeding, if appropriate	Able to diagnose degrees of vaginal atrophy  Be aware of referral pathways to other health care professionals as appropriate		Special interest group membership
			Recognises signs and symptoms of STI's and make appropriate interventions	Recognise signs and symptoms of STI's and understand referral pathway to GUM clinic		
			Recognises sexual dysfunction and make appropriate interventions	Understand issues of sexual dysfunction, appropriate interventions and referral pathway		
			Assesses the woman's continence	Know how to assess incontinence and pathway incontinence advisor/physio		SfH CC01

## Competence 1: Caring for women experiencing the menopause

Level	Competence	KSF	Performance criteria	Knowledge and understanding	Attitudes & behaviours	Contextual factors
7			Seeks advice and refers to specialist services as required (for example, genetics service) Accepts referrals from other nursing and medical staff	Aware of limitations of own competence and expertise Professional accountability, competences and Code of Conduct Demonstrates expert knowledge of menopause, HRT, alternatives and related fields	Confidence Professional awareness	NMC Code (2008) www.thebms.org.uk BMS guidance – Who to refer to for specialist advice
	Provide advice and support to the team and others throughout the assessment process for women Provide easily accessible expert professional advice to women and partners/carers	Core 1	Provides a supportive environment for patients and staff Ensures that telephone advice line for women and partners/carers offers evidence-based information Ensures evidence-based information is available, preparing and revising relevant fact sheets/information leaflets regarding different treatments available	Knows how to access and promote use of available resources to support staff and women, and their partners/carers	Supportive	RCN <i>telephone advice lines guidance</i> (2007)
8	Plans service delivery for women with accurate knowledge of service needs, using audit and surveys as appropriate and identifying situations where scope of practice needs to be expanded	Core 2 HWB 6 Core 4	Provides clinical leadership on women's issues to the service Uses expert knowledge to review patient assessment practice Audits aspects of own service Develops personal networks, both within and outside your workplace Leads on benchmarking initiatives and contributes to clinical governance issues to enhance care of women Identifies and leads training and education needs of staff at individual, team and organisational level Encourages promotion of menopause service availability (for example, hospital practice website) Demonstrate awareness of relevant national and local documents relating to women's health that could be incorporated into practice (NICE, BMS, NOS, RCN, RCOG)	Knows the skills, competence and limitations of team members in dealing with menopause and related issues Understands model of clinical leadership, supervision & mentoring in the advancement of excellence for care of women around menopause. Knowledge of appropriate clinical audit tools to evaluate effectiveness Understands importance of setting and maintaining professional boundaries that are sufficiently flexible for inter professional care Aware of latest evidence-based practice in menopausal health; has an expert knowledge and understanding of all aspects of menopause care	Leadership	Encourage staff to attend BMS/IMS annual scientific meeting Working at MSc Level SfH M&L C4 SfH M&L F10 SfH BD1 SfH BD2 SfH M&L A3 <i>Modernising nursing careers</i> (DH 2006) SfH CHS177
	Use specialist knowledge to critically analyse, evaluate, and synthesise new and complex interventions that are most advanced	Core 5	Leads production of local guidelines for investigations and treatment Promote culture of research in menopause, HRT and alternatives to enhance body of evidence and improve lives of women	Informs and contributes to local trust's research and development strategy	Forward thinker Questioning	SfH R&D 15
	Leads development of relevant research proposals to attract internal and external grants	Core 4 Core 5 Core 6 HWB 6	Contribute to ongoing menopause development in terms of writing and speaking	Understands how to analyse, appraise and act on contemporary research evidence		SfH R&D 1 SfH R&D 8a SfH R&D 12 SfH R&D 13

## Competence 2: Caring for women receiving specific interventions – hormone replacement therapy (HRT)

Level	Competence	KSF	Performance criteria	Knowledge and understanding	Attitudes and behaviours	Contextual factors
2	Provides literature on hormone replacement therapy and complementary therapies, non-hormonal therapies, and peri-menopausal contraception	Core 1 Core 2	Access relevant information	Understand groups of treatments available to alleviate symptoms Be aware of appropriate supporting literature		<a href="http://www.daisynetwork.org.uk">www.daisynetwork.org.uk</a> <a href="http://www.menopause-matters.co.uk">www.menopause-matters.co.uk</a> <a href="http://www.fpa.co.uk">www.fpa.co.uk</a>
5	Develops an individual risk/benefit profile for each woman at initial consultation and review	Core 1 HWB 7	Impart accurate, up to date information to allow woman to make an informed choice Clear documentation of explanation of potential benefits, risks and possible side-effects of HRT Demonstrate ability to discuss side-effects (potential) and help develop proactive strategies to avoid/minimise side-effects, for example breast tenderness (EPO/supportive bra, reduced caffeine)	Is aware of currently available scientific evidence based information & research on HRT and its place in menopause management and care improvement Understands potential benefits of HRT, such as symptom relief, osteoprotection, cardioprotection and neuroprotection and colorectal benefits. Understands risks in relation to age and duration of HRT (for example, breast cancer, ovarian cancer) Understands issues that can affect concordance and ability to adhere to treatment. Awareness of evidence surrounding HRT and alternatives, and changing media influences, so that women can be given information to allow informed choice	Sensitivity to patient preference	BMS Handbook (2009) BMS Consensus statements at <a href="http://www.thebms.org.uk">www.thebms.org.uk</a> British National Formulary (current) NMC Standards for Medicines Management (2008)
	Explain type, routes and regimens of HRT to women and partner/carer as appropriate		Demonstrate treatment – how to take/use (for example, patch applications; insertion and removal of vaginal ring device) Clear documentation of advice given	Has a basic understanding of: <ul style="list-style-type: none"> <li>pharmacokinetics and pharmacodynamics of HRT – oestrogen, progestogen and testosterone</li> <li>mechanisms of action for different delivery systems</li> <li>need for addition of progestogen if uterus intact</li> <li>potential drug interactions (for example, antiepileptics)</li> </ul>		Pharmaceutical companies – placebos for demonstration NMC Record Keeping guidance (2007)

## Competence 2: Caring for women receiving specific interventions – hormone replacement therapy (HRT)

Level	Competence	KSF	Performance criteria	Knowledge and understanding	Attitudes and behaviours	Contextual factors
6	Develop an individual risk/benefit profile for each woman	HWB 6	Seek additional information. Consider: <ul style="list-style-type: none"> <li>co-existing disease</li> <li>differential diagnosis</li> <li>systemic+/-local oestrogen</li> <li>androgen/progestogen</li> <li>vaginal moisturisers</li> <li>contraception – records clearly state if required and advice given</li> <li>complementary/alternative therapies (e.g. isoflavones, herbs, acupuncture)</li> <li>counselling/coping strategies</li> <li>osteoporosis agents</li> <li>anti-depressants</li> </ul>	Understands how to interpret findings – physical, laboratory and diagnostic relate to treatment decision  Has a sound knowledge of indications and contraindications of HRT  Knows various methods of contraception, including risks and benefits  Knowledge of complementary /alternative therapies  Counselling skills  Knowledge of strategies  Has knowledge of bone sparing drugs and anti-depressants as a therapeutic option	Aware of patient preference  Involve patient in decision making – shared concordance	NMC <i>Standards of proficiency for nurse and midwife prescribers</i> (2006) – may be a non medical prescriber  RCN <i>Contraception and sexual health</i> (2004)  NICE guidance Osteoporosis TA160 and TA161 (2008)
	Formulate an action plan based on scientific rationale/evidence and co-ordinate care of each individual woman	HWB 7	Ensure indication/rationale for treatment is recorded in patient clinical notes. Clear documentation of patient decision if decides not to take HRT and plan of action for subsequent years (for example, in premature menopause). Communicate with patient's referring doctor	Can safely monitor the effects of treatment, understanding the need to assess when treatment stops  Recognition of effect and side effect of HRT/alternative  Knows the information the referring doctor will need for future care requirements	Good written communication skills	SfH CHS41 SfH CHS47 SfH CHS61 SfH CHS179
7	Provide and monitor a service that reflects national standards in menopause care  Address all public enquiries calmly using accurate information	Core 5 HWB6	Demonstrate critical awareness of issues and interface with other fields  Interpret findings leading to stories and put into context	Understand importance of interface with other agencies, (for example, osteoporosis and cardiovascular disease prevention)  Has expert subject knowledge  Understands policy for dealing with media		RCOG Standards for Gynaecology (2008)  Member of Professional Menopause Group (For example RCN, BMS)  Local media policy
	Safely inserts IUS as prescribed	HWB 7	Insert IUS safely, performing pelvic assessment as appropriate	Understands IUS role and procedure as per local policy		RCN <i>Intrauterine techniques</i> (2008)  Local policy on IUS insertion
8	Develop creative approaches to complex and challenging cases	Core 1	Promote access to advice for professionals and to women, including outside clinic times where possible	Is a recognised expert – locally and nationally  Maintains an in-depth knowledge of menopause and related issues	Assertive  Guiding  Self motivated	SfH BF5

## Competence 2: Caring for women receiving specific interventions – hormone replacement therapy (HRT)

Level	Competence	KSF	Performance criteria	Knowledge and understanding	Attitudes and behaviours	Contextual factors
8	Coordinate and implement a strategy for smooth transition to adult services (for example, Turner Syndrome, premature ovarian failure, late effects post chemotherapy in childhood)	Core 4 HWB 5	Proactively anticipate future needs and develop relevant services  Patient records clearly identify need for psychological input and psychology referral if appropriate  Collaborate with other agencies in development of service plans  Update care/service in light of advancing technology	Understand need for support to assist in diagnosis and coping strategies  Understand Turner Syndrome, causes of premature ovarian failure and implications, and also, possible effects of chemotherapy on ovarian function	Sensitivity	RCN <i>Adolescent transition</i> (2004) RCN <i>Lost in transition</i> (2008) RCN <i>Competence framework for paediatric endocrine nurse specialists</i> (2008) SfH M&L B6 SfH M&L B1 SfH CHS 100

## Competence 2: Caring for women receiving specific interventions – non hormonal and complementary

Level	Competence	KSF	Performance criteria	Knowledge and understanding	Attitudes and behaviours	Contextual factors
2-4	Aware of therapy options other than HRT	Core 1 Core 2	Provides readily available information and support on alternative options for women	Has a basic awareness of available treatments/therapies/supplements	Understanding of women's attitudes towards HRT	
5	Use knowledge on complementary therapies including their usefulness and limitations (for example, isoflavones and herbal remedies) to inform women and partner/carer  Appropriately advises women with HRT contraindication	HWB7	Encourage women to seek advice from registered practitioner  Assessment of risks and implementation of other interventions	Understands mechanism of action of a wide range of complementary and alternative therapies  Knows available options and their appropriate use  Understands the impact of medicines like Tamoxifen and Aromatase inhibitors on menopause symptoms	Empathy	RCN <i>Menopause: Lifestyle and treatment approaches</i> (2010) BMS Publications www.thebms.org.uk RCOG Publications www.rcog.org.uk
6	Uses an understanding of non HRT therapy options to discuss medical treatments	Core 1 HWB 7	Demonstrate treatment use and anticipated benefit to women	Knows indications /contraindications of medical interventions, other than HRT (for example, bone sparing drugs, antidepressants, Clonidine, vaginal moisturisers)		
7/8	Discusses and implements appropriate non HRT interventions, medical and complementary	Core 1 HWB7	Recommends appropriate treatment	Understands interactions, contraindications and risks of complementary, alternative and medical non hormonal therapies		Prescribing limitations SfH GEN63

## Competence 2: Caring for women receiving specific intervention — hormone implants

Level	Competence	KSF	Performance criteria	Knowledge and understanding	Attitudes and behaviours	Contextual factors
2	Prepare the physical and clinical environment appropriately, including sterile trolley preparation. Use verbal and non-verbal communication to reassure the woman	HWB 8 Core 1	Provide assistance to professional carrying out procedure Anticipate individual woman's needs and provide relevant support	Has an understanding of the procedure Knows the resources available to support the patient's needs Able to offer emotional support the patient may require	Sensitive to patient needs Reassuring Efficient Organised Sensitivity to verbal and non-verbal cues	SfH GEN6 SfH GEN7 Basic life support training
5	Explain the procedure, and answer any questions the woman may have Obtain informed consent from the woman	HWB 7	Offer an information leaflet about implants so that the woman may read and use for reference The patient records clearly document the possible effect and side-effects relevant to the treatment and have been discussed with the patient and appropriate information leaflet given Clearly documented evidence of informed consent being obtained	Understands what the procedure is, how it is performed Can recognise actual and potential effects and side-effects of implants Knows the indications for appropriate use of implants and contraindications Ensures informed consent has been obtained Knows the importance of concomitant progestogen (routes & regimens) if oestradiol implants used for women with an intact uterus	Approachable Organised	Local policies and procedures relating to the treatment and obtaining consent
	Demonstrate basic airway management and life support skills and initiate first aid treatment in anaphylaxis in the event of emergency situation arising for the woman (such as anaphylactic reaction to local anaesthetic)	Core 3	Can identify location of emergency equipment Effectively implements basic/advanced life support when needed	Has the knowledge required to initiate basic life support until help arrives Understands the assessment and treatment of anaphylaxis	Calm emergency response	Local policy Basic/advanced life support Local guidelines on recognition and management of anaphylaxis Annual mandatory basic life support training
6	Order and interpret hormone assays as appropriate	HWB7	The interpretation of the hormone assays is correctly stated in the patient records	Understands normal hormone assays Knows common hormonal abnormalities and implications of supraphysiological levels of oestradiol		Local guidelines
	Ensure local anaesthetic and implant(s) are on written prescription	HWB7	Accurately completed prescriptions appropriate to the patient's needs. Advocate for patient re: dose adjustment	Knowledge of local anaesthetic and implants appropriate to the procedure Knows effects, side effects and contraindications		Nurse may be a prescriber British National Formulary (current)
	Safely inserts implant/s according to the local policy, guidelines and procedure, seeking help if difficulty is experienced	HWB7	Procedure undertaken in adherence with local policy, guidelines and procedures	Understands local policies, procedures Understands need to seek expert advice and support when necessary and adherence to guidelines	Awareness of scope of practice	Local policy, procedure and guidelines NMC Code (2008)
	Ensures adequate follow-up and record keeping	Core 1	Patient records: <ul style="list-style-type: none"> <li>clearly state when advice was sought, from whom and outcome of advice/ support procedure</li> <li>clearly articulate the procedure undertaken</li> </ul>	Knows follow-up procedures and guidelines		NMC record keeping guidance (2007) Local records policy

## Competence 2: Caring for women receiving specific intervention — hormone implants

Level	Competence	KSF	Performance criteria	Knowledge and understanding	Attitudes and behaviours	Contextual factors
7	Provide training, supervision and mentorship to junior staff undertaking implant insertions, address training needs	Core 4	Records of all training, supervision and mentorship provided to all junior staff with regard to implant insertions	Knowledge of training required to undertake implant insertions	Communicative Approachable	
	Maintain skills and knowledge to manage a caseload of patients requiring implant therapy	Core 2	Uses latest evidence based medicine	In depth knowledge of implant therapy		
	Undertake audit of nurse-led implant clinics to improve care for women	Core 5	Clear records of all audits undertaken with clear action plans and implemented to address areas of concern	Understands audit cycle		
8	Prepare and revise policy/procedure guidelines on implants and patient information leaflet	HWB2	Accurate current policies, procedures and guidelines with clear review dates	Contributes to policies, procedures and guidelines within own remit of responsibility		SfH CHS170
	Works across disciplines to ensure high standards of care and training	Core 1	Maintain training records	Educates staff of all levels and all disciplines Assesses training needs		

## Competence 3: Maintaining health and wellbeing for women experiencing the menopause

Level	Competence	KSF	Performance criteria	Knowledge and understanding	Attitudes and behaviours	Contextual factors
2	Provide health promotion literature on issues related to healthy lifestyle such as exercise, alcohol, smoking, breast and cervical screening programmes, sexual health for the woman and partner/carer	HWB1	Make available relevant literature and websites	Demonstrates basic understanding of importance of healthy lifestyle and effect on long-term health	Supportive	Health Promotion Agency NHSBSP NHSCSP Family Planning Association SfH AH10
5	Encourage positive lifestyle changes at menopause transition and encourage long term adherence to these to improve quality of life	HWB1	Provide opportunistic advice on issues of health promotion and illness prevention	Identifies behavioural, environmental and organisational factors that promote/compromise health	Sensitive Empowering Enabling Empathy	BMS Statement 2011 <i>Modernising the NHS</i>
	Promote health in a way relevant to each individual woman	HWB1	Record activities undertaken to enable healthy lifestyle adoption	Understands how to enable woman to acknowledge and address health and wellbeing issues in their life, recognising factors which increase stress and affect motivation		SfH PE1
	Raise awareness of issues for individuals that are detrimental/beneficial to health for women, specifically taking into account skeletal, cardiac and sexual health	HWB3	Identify positive actions such as stopping smoking; alcohol in moderation, caffeine reduction Encouragement of a healthy diet with adequate calcium and vitamin D, and encouragement of exercise Encouragement of safer sexual practices Discussion of weight management	Understands: <ul style="list-style-type: none"> <li>potential benefit/harm of lifestyle actions specifically at menopause</li> <li>detrimental effects on health of smoking, alcohol and caffeine in excess</li> <li>beneficial effects of healthy diet for weight management and bone protection</li> <li>beneficial effects of exercise for weight management, bone protection, stress reduction, mood improvement and physical health improvement</li> <li>understands risk behaviours in relation to disease prevention, including sexual infections</li> </ul> Aware of local initiatives/facilities		Health Promotion Agency literature Helplines – Smoking cessation – Alcohol National Osteoporosis Society Food Standards Agency SfH CVD ED2
	Encourage women to participate in national screening programmes and provide information about these	HWB4	Encourage breast awareness. Undertake opportunistic cervical smear, if appropriate	Knows breast and cervical screening programmes		RCN <i>Breast palpation and awareness</i> (2004) RCN <i>Cervical screening</i> (2006)
	Encourage pelvic floor health	HWB4	Encourage pelvic floor exercises, as appropriate	<ul style="list-style-type: none"> <li>Understands role of pelvic floor exercises in prevention of incontinence</li> </ul>		SfHCC12

## Competence 3: Maintaining health and wellbeing for women experiencing the menopause

Level	Competence	KSF	Performance criteria	Knowledge and understanding	Attitudes and behaviours	Contextual factors
6	Encourage women to make independent healthy life choices	HWB4	Documentation of issues and advice, as appropriate	Uses experience and knowledge to relate health promotion theory to practice		
7	Develop health promotion strategies and encourage women at time of menopause	HWB1	Participate in collation of material to support healthy living Produce clear guidelines for health promotion at menopause	Understand value of health promotion strategies for long term health gain		
8	Encourage integration of health promotion and evidence based advice into care of menopausal women	HWB3	Demonstrate personal qualities (such as creativity, initiative, sensitivity, flexibility, co-operation in organising and managing health promotion interventions) Review educational information /resources Help others develop confidence in health promotion at menopause Collaborate and plan with other team members and disciplines to address health promotion needs	Awareness of national priorities for health (such as DH guidelines) and how these relate to the menopausal woman Understand importance of developing and maintaining effective networks and partnerships with local agencies (for example, leisure services, screening services)		

## Competence 4: Enable learning to promote care of women at the time of menopause

Level	Competence	KSF	Performance criteria	Knowledge and understanding	Attitudes and behaviours	Contextual factors
5	Provide learning opportunities for nurses and care professionals about menopause	Core 2	Provision of clear information/ education about menopause to colleagues, women and partners or carers in several settings (for example, OPD, general practice, gynae ward) Facilitation and evaluation of learning	Understands principles of menopause education and different levels of prior knowledge Understands how to assess learning needs and identify teaching objectives in menopause, HRT and related issues Understand benefit of teaching activities relevant to menopause and HRT Has knowledge of appraisal and constructive feedback	Encouraging	Accreditation, such as RCN Education award of qualification Clinical experience
6	Disseminate specialist menopause knowledge in a variety of settings Contribute to development of patient education material	Core 1 Core 2 Core 4 Core 6 G1	Contribute to the development of environment where effective practice is fostered, implemented, evaluated and disseminated Provide nurse-led information sessions for key groups of women, including community groups, which may benefit from menopause education Initiate and respond to practice development to ensure safe effective care is achieved and effective learning environment maintained	Has expert knowledge of menopause and related issues Understands how to evaluate menopause education sessions and incorporate feedback to improve future sessions	Enthusiastic	SfH HSC348 SfH LLUK L10 SkHLLUK 1 SfH LLUK 2 SfH LLUK 3 SfH LLUK 5 SfH LLUK 6 SfH LLUK 7 SfH LLUK 13 SfH LLUK L15
7/8	Encourage menopause teaching intra nursing profession (for example, continence nursing, sexual health nursing) and across professions and disciplines	Core 4	Lecture nationally/internationally on menopause and related issues Contribute to: <ul style="list-style-type: none"> <li>curricula development in collaboration with academic institutes and education consortia</li> <li>national competence development to advance structured, evidence-based career progression in menopause</li> </ul>	Is aware of need for quality checks and/or accreditation of curriculum topics		SfH LLUK L3

# Glossary

BP	Blood pressure
BMI	Body mass index
BMS	British Menopause Society
DH	Department of Health
EPO	Evening primrose oil
FPA	Family Planning Association
GUM	Genito urinary medicine
HPV	Human papilloma virus
HRT	Hormone replacement therapy
IMS	International menopause society
IUS	Intrauterine system
LFT	Liver function tests
NHSBSP	NHS breast screening programme
NHSCSP	NHS cervical screening programme
NICE	National Institute for Health and Clinical Excellence
NMC	Nursing and Midwifery Council
NOS	National Osteoporosis Society
OPD	Outpatient department
RCN	Royal College of Nursing
RCOG	Royal College of Obstetricians and Gynaecologists
STI	Sexually transmitted infections
TFT	Thyroid function tests
VTE	Venous thromboembolism

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- National Health Service Cervical Screening Programme (NHSCSP), see [www.cancerscreening.nhs.uk](http://www.cancerscreening.nhs.uk)
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## Skills for Health

All Skills for Health competences (SfH) referred to in this competence framework are available from [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk). The list of those referred to are as follows:

SfH code	Status	Competence title
AH10	NOS NHS KSFHWB43	Employ techniques to help individuals to adopt sensible drinking behaviour
BD1	NOS NHS KSGF53	Provide facilities for your organisation
BD2	NOS NHS KSGF53	Manage your organisation's facilities
BF5	NOS NHS KSFCore 53	Lead teams to provide a quality provision
C1C2	NOS NHS KSF HWB6/3	Perform, interpret and report on ultrasound examinations of trans-abdominal gynaecological structures
CC01	NOS NHS KSF HWB7/4	Assess bladder and bowel dysfunction
CC12	NOS NHS KSFHWB73	Enable individuals to undertake pelvic floor muscle exercises
CHS19	NOS NHS KSFHWB6	Undertake routine clinical measurements
CHS37	NOS NHS KSF HWB371/3 & HWB8/1	Obtain cervical cytology samples from individuals
CHS38	NOS NHS KSFHWB63	Plan assessment of an individual's health status
CHS39	NOS NHS KSFHWB63	Assess an individual's health status
CHS40	NOS NHS KSFHWB64	Establish a diagnosis of an individual's health condition
CHS41	NOS NHS KSFHWB63	Determine a treatment plan for an individual
CHS47	NOS NHS KSFHWB63	Monitor and assess individuals following treatments
CHS48	NOS NHS KSFCore 14	Communicate significant news to individuals
CHS52	NOS NHS KSFHWB23 NHS KSFHWB63	Plan inter-disciplinary assessment of the health and wellbeing of individuals
CHS61	NOS NHS KSFHWB23	Co-ordinate the care of individuals with long term conditions
CHS83	NOS NHS KSF23	Interpret the findings of health care investigations
CHS99	NWC NHS KSFHWB22	Refer individuals to specialist sources of assistance in meeting their health needs

SfH code	Status	Competence title
<b>CHS100</b>	NOS NHS KSFCore 14	Develop relationships with individuals with long term conditions
<b>CHS109</b>	NOS NHS KSFHWB63	Produce a clinical interpretation of acquired images
<b>CHS132</b>	NOS NHS KSFHWB6 /1	Obtain venous blood samples
<b>CHS170</b>	NOS NHS KSFCore 53	Develop clinical protocols for delivery of services
<b>CHS177</b>	NOS NHS KSFCore 12	Advise on access to and use of services
<b>CHS178</b>	NOS NHS KSFHWB63	Determine investigations required to meet clinical need
<b>CHS179</b>	NOS NHS KSFHWB63	Advise on requirements for choice of therapeutic intervention
<b>CMD5</b>	NWC NHS KSFHWB33	Enable patients to access psychological support
<b>CVD ED2</b>	NWC NHS FSFHWB11	Provide information and advice about how to reduce the risk of cardiovascular disease
<b>GEN 6</b>	NWC NHS KSFHWB71	Manage environments and resources for use during health care activities
<b>GEN 7</b>	NWC NHS KSFHWB71	Monitor and manage the environment and resources during and after clinical activities
<b>GEN63</b>	NWC NHS KSFCore 52	Act within the limits of your competence and authority
<b>GTC1</b>	NOS NHS KSFCore 23	Identify where genetics is relevant in your area of practice
<b>GTC2</b>	NOS NHS KSFHWB24	Identify individuals with or at risk of genetic conditions
<b>HSC348</b>	NOS NHS KSFHWB43	Help individuals to access learning, training and development opportunities
<b>LLUK L1</b>	NOS NHS KSFG14	Identify collective learning and development needs
<b>LLUK L2</b>	NOS NHS KSFG13	Identify individual's learning and development needs
<b>LLUK L3</b>	NOS NHS KSFG13	Plan and prepare learning and development programmes
<b>LLUK L5</b>	NOS NHS KSFG13	Develop and prepare resources for learning and development
<b>LLUK L6</b>	NWC NHS KSFG13	Manage learning and development in groups
<b>LLUK L7</b>	NOS NHS KSFCore 23	Facilitate individual learning and development
<b>LLUK L10</b>	NOS NHS KSFG13	Reflect on, develop and maintain own skills and practice in learning and development
<b>LLUK L13</b>	NOS NHS KSFG14	Evaluate and improve learning and development provision

SfH code	Status	Competence title
<b>LLUK L15</b>	NOS NHS KSFG13	Support and advise individual learners
<b>M&amp;L A3</b>	NOS NHS KSFCore 52	Develop your personal networks
<b>M&amp;L B1</b>	NOS NHS KSFCore 44	Develop and implement operational plans for your area of responsibility
<b>M&amp;L B6</b>	NOS NHS KSFCore 43	Provide leadership in your area of responsibility
<b>M&amp;L C4</b>	NOS NHS KSFG53	Lead change
<b>M&amp;L F10</b>	NOS NHS KSFCore63	Develop a customer focused organisation
<b>PE1</b>	NOS NHS KSFHWB43	Enable individuals to make informed health choices and decisions
<b>R&amp;D1</b>	NOS NHS KSFIK23	Determine a research and development topic worthy of investigation
<b>R&amp;D12</b>	NOS NHS KSFIK23	Present findings of research and development activities in written form
<b>R&amp;D13</b>	NOS NHS KSFCore 13 NHS KSFIK23	Present findings of research and development activities orally
<b>R&amp;D15</b>	NOS NHS KSFG23	Evaluate and report on the application of research and development findings within practice
<b>R&amp;D8a</b>	NOS NHS KSFG51	Assist in the research work

## Additional reading and resources

Hale N (2008) Support for developing your competence, *Practice Nursing*, 19(4), pp.202 – 204.

**Menopause Matters**, an independent, clinician-led website providing easily accessible and up-to-date information for women and health professionals. See [www.menopausematters.co.uk](http://www.menopausematters.co.uk)

**Public Health Agency (Northern Ireland)**, see [www.publichealth.hscni.net](http://www.publichealth.hscni.net)

**The Food Standards Agency**, see [www.food.gov.uk](http://www.food.gov.uk)

**National Osteoporosis Society**, see [www.nos.co.uk](http://www.nos.co.uk)

**The Daisy Network Premature Menopause Support Group**, see [www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)

**The British Menopause Society** is dedicated to advancing the education of health professionals in all matters relating to the menopause, through lectures, conferences, meetings and exhibitions. See [www.thebms.org.uk](http://www.thebms.org.uk)

**The Family Planning Association**, see [www.fpa.co.uk](http://www.fpa.co.uk)

## Education

For information on education, conferences and training please visit [www.thebms.org.uk/training/php](http://www.thebms.org.uk/training/php)

[http://www.rcn.org.uk/development/communities/rcn\\_forum\\_communities/womenshealth](http://www.rcn.org.uk/development/communities/rcn_forum_communities/womenshealth)



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