

Annex D

All Sections/General Feedback	Change
I like that's its interspersed with Qs and diagrams- think that's useful for different learners and probably makes it more of an emodule rather than another way to review guidelines (which I think would make it less likely to be engaged with given there are numerous resources out there, including local GP guidelines (such as the ones you have already highlighted/copied info from) so I suppose – what is the aim of this? Highlighting guidelines? Helping quiz/ CPD for GPs? Stimulating ideas for change in personal and team practice?	N/a
General practice team, would suggest primary care team, more inclusive of community pharmacists and other allied HC professionals who e.g. dieticians, adolescent mental health teams for example, who may benefit from awareness to signpost.	Yes-accepted language change suggestion.
Chaperones – mention of the importance of documenting this in patient notes for future reference.	Yes -add to chaperone box
Free period products – should it be workplace not surgery, more applicable to other primary care settings?	Yes-Change to workplace as not just surgery base,
Very informative, not sure if this will come out in case study answers but when dealing with similar presentations, pharmacists as we do not have the same training as medics do like comparison tables for similarly presenting cases to promote thinking to consider differential diagnosis.	No-Differential diagnosis listed, did not fit well with tables.
felt quite technical (i.e. bullet point lists for symptoms, causes, assessment, investigations), like something I would use to refer to during a consultation rather than an e-learning module – there's so much content I don't think I could digest it all, I would definitely need to refer back to it. There's also overlap of symptoms and conditions so a focus on differential diagnosis could be useful?	YES- aim was for quick access to relevant sections for review and states not a one sitting module. Differential diagnosis sections reviewed.
management section for each condition treatments often listed under non-hormonal or hormonal – it wasn't clear if they were listed in the order they should be tried, what could be given in combination, should non-hormonal be tried before hormonal, etc.	YES-clarify- usually split like this due to some patients being unable or unwilling to consider hormonal treatments and where able can

	be used in combination. Clarified when 1 st line etc.
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SPECIFIC SECTIONS FEEDBACK

Welcome	Action/Rationale	Change
Add-ability to differentiate between menstrual health and non-menstrual health conditions.		Yes-LO updated.
glossary LNG-IUS should now be LNG-IUD		Yes-updated to match new guidelines during writing.
mention and explain change in this term as it is so new following the FSRH new guideline which only came out this July.		YES- added statement on the changes in the FSRH guidelines.
questionnaire refers to holistic care. specific phrase should be in the Los, not person centred, For clarity.		Yes-LO updated to holistic as realist med language changing and risk of becoming out of date.
consider including self-care options treatment options		YES - Reviewed and
learning outcomes are relevant however for each of the conditions it summarises causes, symptoms, assessment, investigations, treatment which aren't explicitly mentioned in the learning outcomes.		YES- reviewed -made learning outcomes clear that this was included.
Learning outcomes suggested clarification on 'timely', 'examine' suggest change to reflect, and Recognise instead of identify. the person-centred/inclusive/trauma informed elements could be strengthened		YES-impact of 'timely' discussed in module, clinically and relational. Strengthened person-centred/inclusive/trauma

		informed elements. Lo wording worked on with TEL team.
Glossary of terms easy to access but I would suggest changing the name a glossary is usually a list of words along with their definition.		NO -as was reviewed as work in progress.
aim and learning outcomes are relevant and sufficient. Especially liked inclusion of Women's Health Plan in the Welcome section.		N/a
I found it easy to access the Glossary of terms.		N/a
Found GOT Sections useful		N/a

Introduction	Action/Rationale	Change
information was relevant		N/a
Good overview of the impact of poor menstrual health on the workforce, why training on menstrual health is needed and underscored the aims of the module.		N/a
Intro section useful- quite a lot of embedded links throughout. What is the plan for review. Throughout there are ideas for personal practice and ideas for your team it might be useful to have a way for personal and team/practice development plans.		NO-links will be checked at reviews. For future consideration.
Felt like the positives of empowerment should come first or might come across slightly negative.		Yes- edited.
Suggest rewording the paragraph beginning "As discussed in the introduction to Women's Health ..."		YES-new wording was adopted
paragraph starting "Consultations are becoming more " lots of hyperlinks and the sentence afterwards suggests learners should review these links if unfamiliar may take them back and forth from the module?		YES. Edited to include important points and reduce hyperlinks reliance for information.

Science of menstruation (A&P)	Action/Rationale	Change
Do you feel the video without the text and images in this section is sufficient information? very complex and having the diagrams with videos definitely helps. Video was great and then it felt like I was reading all the information again I think the text and images should remain alongside the video, as some learners prefer either one of them. I video goes into too much detail/ becomes more complex in terms of the understanding needed to understand atypical menstruation and for the breadth of HCPs that may access the module. I think your information is a solid, important summary. I think some may be tempted to not fully pay attention to full video/ end it early due to time constraints etc. I would prefer the images and text instead of the video, as easier to refer to, inclined to include everything you have here (as gives people options) but in a slightly different order?		No-some found both options repetitive others found it helpful. option kept for different learning styles and MDT
May need explanation of more anatomical/ medical terms. a reminder of the science is very useful.		NO- Not expanding as in the video and GOT.
Good, succinct information.		N/a

What is 'Normal'	Action/Rationale	Change
Yes, and I like the links to patient information that can be brought into my practice. i.e. using texted hyperlinks to point women to high-quality patient information sites,		N/a
seemed very comprehensive. I thoroughly enjoyed reading it and refreshing the information		N/a
Holistic-Yes- -Healthtalk might be a useful resource to signpost to – lived patient experience shared on platform on wide		Yes- Add to patient resources.

range of topics – including several on this module? Just		
Do you ask, 'Are your periods normal?' – there could be more of a reflection or other examples of what people might say? Is that usual for you?		NO-left open for reflection
holistic?Yes. I liked the reflection points and the table explaining the normal variance of what is expected in menstruation		N/a
holistic approach should highlight what is normal for one person is not normal for another. Also thinking holistically there might be other factors which may influence what someone's 'normal' is.		Yes- already state framed by different factors but added everyone's normal could be different.
choice of the word 'normal' here – the learning outcomes use the words typical and atypical Normal suggests that anything other than this is 'abnormal' with negative connotations.		NO- Debated as a team and not liking normal-but 'normal' is often used. Is a discussion on use, as well as defining parameters.
I found it very holistic and promotes a patient-centred approach. I also appreciate including points to consider when seeing non-English speakers.		N/A

Menorrhagia/ Heavy Menstrual Bleeding	Action/Rationale	Change
Holistic-Yes. I liked the first paragraph highlighting that "heavy" is subjective to the patient.		N/A
I like the structure.		N/A
Tri-cycling clarification on break-4 days. LNG –IUD not LNG-IUC Progesterone only contraception New guidance on injectable intervals - FSRH Clinical Guideline: Progestogen-only Injectable (December 2014, Amended July 2023) every 13 weeks .text implies that adolescent women cannot be offered injectable suggest "can be used if alternative options for management fail or are unacceptable to an adolescent woman"	Review and edit.	Yes.- all checked and corrected.

IUD-1 st line according to <u>NICE CKS Menorrhagia</u> . And clarify duration of use.		
clinical pathways and primary care management tools worthwhile referring to these. Stating refer to local health boards guidance.		NO- signposting to local guidelines when appropriate and at intro.
holistic approach- impact on a patient's social life, education/employment, emotional well-being, and quality of life, could be elaborated on more? The inclusion of mefenamic acid (POM) – is this presuming that they have tried OTC or Pharmacy First Ibuprofen (400mg)? mentioning POM med means that indicating needs GP involvement. Difficulty in getting appt or coming out of school or work. Perhaps some info on how long could try OTC/PF meds would be useful.		YES -agree add in the pharmacy first/Self management. Holistic content strengthened, access issues considered and treatment trials should be individual.
Clarify evidence re NSAIDs.		Yes-clarified NSAIDs recommendations
Add, weight, smoking status, weight, c smears up to date, plans for pregnancy , past medical hx		YES-added.
clarify examination, speculum, bimanual. separate examinations?		Yes- clarified.
In module list of causes uses term fibroid, in PALM COEIN uses leiomyoma – people may not know what this is.		YES -edited and in GOT.
consider including signposting for specific bleeding history, with relevant laboratory investigations.		YES-added.
include “hospital admission for acute / emergency menorrhagia (e.g. when patient is not clinically stable)” .		YES-added
“Consider a holistic approach...”needs expansion.		Yes-in intro

wouldn't be relevant to a practice pharmacist unless they were highly specialised in this area.		No- MDT and states work within your competency
pharmacological management is split into non-hormonal and hormonal and then the different treatments are listed – it's not clear in what order/combination these treatments should be used.		YES clarified.

Primary Amenorrhoea-delayed onset of menstruation	Action/Rationale	Change
History add smoking status, family history of issues, weight , diplopia, pain with moving bowel, blood in stool.		YES-added
Quite physiological this section over encouraging a holistic approach.		Yes intro adapted.
Androgen Insensitivity Syndrome was highlighted as a missed cause and information was added.		Yes- highlighted in appropriate section

Secondary Amenorrhoea	Action/Rationale	Change
Diagrams useful for systems approach.		N/a
More holistic than primary section which is rightly so me medical route if you know what I mean?		N/a
More mindful of those with past history and concern over fertility and that it may be a difficult issues. There is a good charity networks (DAISY) for those with POI		YES- Include.
add the daisy network Also, mention that if they have POI diagnosed it is essential that the patient information about HRT and specialist referral.		YES -Add, POI in next module and will address HRT.
I'd suggest including bullet points on menstrual history in the History section, e.g. has the woman ever had a normal cycle, and the previous characteristics of her cycle.		YES-Added to section
Holistic, especially in the Management in Primary Care section.		N/A

Dysmenorrhoea	Action/Rationale	Change
Suggest heat pads or hot water bottles before TENS in the listing as a cheaper more accessible option		YES-added but acknowledge may have already tried.
a little more on the impact that cyclical severe pain on work, sex life , relationships and ability care for family. Even just a sentence but you have mentioned that under assessment		YES- Add and refer back to intro
clarify Age at Menarche: < 12 years old is a risk factor.		Yes-Edited
risk factor for dysmenorrhoea is sexual abuse include Sexual History-taking alongside the Obstetric History in the Assessment Section.		YES- Added section re this and trauma informed care highlighted as vital.
non-hormonal and hormonal treatments listed – are these in order as to what should be tried first/exhausted before trying something else?		YES -added shared discussion with patients, clarified recommendations
Yes holistic, I also appreciate the inclusion of statistics of women affected, and the mention on burden of pain in the Assessment section.		N/a

Pelvic Pain	Action/Rationale	Change
Add-causes- Acute and chronic appendicitis, Ovarian cyst, Constipation and diarrhoea, Inflammatory bowel disease		Yes added.
differential diagnosis ‘nudges’ to what is more likely can help.		Yes-nudges included if non-cyclical etc.
Generally holistic, could mention “ sensitive “ inquiry around past sexual history, considering concerns about abuse		Yes-added and Signpost to SRH modules and taking a history

add painful defecation, blood in stool , altered stool add – sexual relations ,and can impact mood, relationships and work		Yes- added and clarified
Holistic? Just-Short lines re effect on life/ psychology/ relationship/ self esteem.		N/a
Holistic?-yes		N/a

Ovarian Cysts	Action/Rationale	Change
I don't remember ovarian torsion under ovarian cysts which can be a medical emergency		YES-added.
Improve holistic elements by adding a cyst does create a lot of anxiety and particularly if someone has to wait for removal and pathology, additionally pain and worry linked to relationship		Yes-added.
add weight loss in general with an increased abdominal circumference for clarity I would add “ if found to have a cyst on scan ,they may suggest a repeat at 3 months “ beside OOPHRECTOMY add depending on age HRT must be considered/discussed eg if this is a young pre-menopausal women we are essentially giving her surgical menopause..		No- Mentions bloating and early satiety. States to ensure resolution. Yes-Added manage as surgical menopause
I would suggest highlighting the need to exclude malignancy while working the patient up for ovarian cysts.		Yes- is discussed but added link to national referral guidelines

AUB/DUB	Action/Rationale	Change
would fit better before dysmenorrhoea and pelvic pain and after either menorrhagia or amenorrhoea.		YES-was moved.
Holistic? Yes – add unscheduled bleeding can cause anxiety, interfere with work/ sex life and relationships if very troublesome.		Yes added.

Must know C smear history Weight for endometrial hyperplasia risk		Yes added
consider STI screen, smear history , plans for pregnancy. Smoking BMI Thyroid symptoms pelvic exam looking at PV and speculum for ectropion of cervix. Management options – consider IUD / Implant.		Yes-Reviewed and added as appropriate.
Will someone be checking the links regularly? How regularly would the links be checked?		2yearly review planned.

PMDD and PMS	Action/Rationale	Change
Cross over into perimenopause? Or early ovarian failure?		Will be covered to follow
holistic?Yes reasonable- can have huge impacts on QOL , sex , work, happiness and function		N/a
the bloods section , FSH would only be useful age depending, may consider a testosterone/ Sex hormone binding globulin and Fai index calculation. ask about family planning/ stage of life to then work out what treatment options		YES- review bloods. Discuss in intro re treatment options/fertility and shared decision making
I would refer to GP. Put fits with some of the treatment I have come across.		N/a
Holistic?-yes		N/a

Endometriosis	Action/Rationale	Change
I liked that you mention the importance of informing young girls and women that they <u>may</u> have endometriosis and that health care clinicians are treating the symptoms as endometriosis which is why they are being prescribed hormonal contraception to reduce / prevent periods.		N/a
Holistic? Yes – it can be a very hard condition, fertility questioned as well which is difficult		N/a

I'd suggest highlighting the importance of a chaperone again in this part.		Yes-highlighted.
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PCOS	Action/Rationale	Change
Holistic?-Yes which is important as it covers so many systems and can be complex. It is a condition that is difficult to treat holistically in primary due to consultation time constraints.		N/a
Holistic-Generally yes ok , similar issues with painful periods affecting life work sexual relationships and mood		N/a
Holistic?- Yes, very much so.		N/a
Treatment for hirsutism to be added.		Yes-reviewed
expanded – T2DM/ metabolic syndrome especially if focus is on holistic approach. highlight that weight management is the primary therapy in overweight women with PCOS,that screening women and managing metabolic syndrome could/should/must be a priority for the primary health care team. How are GPs coding these patients. Is there way / or should there be a way to run a search and encourage preventative/ proactive care to manage HTN/ diabetes? Would that be a good QI for the team to do?		YES-added and expanded with SME.
Page 59 needs clarification on terminology of ancestry		Yes-Has been corrected by SME