

Module 4 - Step 3: Where do GP's fit into all this?

Surely the best answer to a member of staff raising issues with health is to send them off to their GP? Not always and here's why:

Where do GP's fit into all this?



GP's are not Experts

**Women are
embarrassed
to speak to GP's**

**63% GP's not up to
speed**

- Doctors are not experts
- Menopause is not on the GP Agenda - it's not an 'illness', unlike heart disease or mental health issues. It's funny, though, to me anyway, well, ironic, really, that the first point of call for most women during their reproductive lives when they've had issues with monthly menstruation is their GP. And, after all, pregnancy is not an illness, either...
- Menopause training as part of the overall training for doctors amounts to a few hours out of the years they do spend training. They then go on to specialise, some as GP's and unless they have a 'special interest' in women's health, particularly hormonal health and menopause, their knowledge is often picked up in the media and yes they get information from pharmaceutical companies but, again, unless they have an interest, they don't take a lot of notice.
- 63% of GP's are not up to speed on menopause, that means
- only 37% of the rest of the GP population are up to speed! This is throughout the UK and including Northern Ireland.
- There are population pockets around the UK that are a desert when it comes to menopause clinics, there just aren't any.
 - However, most major cities do have a choice, which is at least something and I've included a link to a list of UK menopause clinics in the Links pdf document in this module

- I've also attached details here of the new NICE Guidelines on Menopause and we'll be discussing HRT and other remedies in another part of this module.

Where does this leave us?



GP's essential to ensure no underlying causes to symptoms

In any event, where does this leave us? Do we need GP'S? Actually, yes, we do! They provide an excellent service and are essential to us all to ensure there are no underlying causes to any symptoms. However, I always recommend, whether it's for yourself, your staff or colleagues, to make a list of symptoms that you want to be discussed because what generally happens is, when at the point of speaking to the doctor, many people get a dose of amnesia, they can't remember what they want to discuss, OR, they think that some of the things they wanted to discuss are just too silly to raise. The result of this is that they go away disappointed and even more so if the doctor in question actually does recognise the patient is showing signs of peri-menopause and the only remedy is that 'it's part of ageing, you'll just have to get on with it' or, 'I'm not prescribing HRT!' both of which are annoying to say the least. It's worth recommending to your GP to read the NICE Guidelines! It might be safer to hand them in to the clinic reception. I also recommend someone in the GP surgery joins the BMS.

Let's turn now to the Key Takeaways in this module