PRIMARY CARE
WOMEN’S HEALTH FORUM

Endometrial Sampling Competency Framework for Primary Care
The PCWHF was formed as a focus for all interested practitioners within the multi-disciplinary team with the primary aim of continuous sharing of best practice in relation to national, regional and local developments in women’s health issues.

The PCWHF is a community Interest company with over 4000 members from Primary Care. It is nationally recognised and widely consulted. More information can be found at www.pcwhf.co.uk

It was with that focus in mind that forum members came together to write the Primary Care Women’s Health Forum competency framework for endometrial sampling for women of reproductive age in primary care. We would also like to thank the Southern Derbyshire Clinical Commissioning Group for allowing us to use their pathways as illustrations supporting the development of this work.

For Commissioners:
- This follows NICE guidance and is a practical commissioning framework for local delivery of services

For Clinical Leads in Women’s health:
- This sets out pragmatic and agreed advice from those working in primary care

For Practitioners:
- This sets out best practice guidance that keeps you safe and ensures clinical competency in the deployment of your skills
- It supports CPD and appraisal requirements

For Patients:
- All women presenting in Primary Care should expect to receive care in line with best practice for heavy menstrual bleeding

TNs guideline was correct at the time of going to print in November 2016 and the Primary Care Women’s Health Forum (PCWHF) will undertake annual reviews of this guidance to ensure it remains in line with Best Practice. The next review is due in 2017. The guidelines are for use by healthcare professionals only. The guidance has been compiled by the PCWHF and views expressed are of the PCWHF and do not necessarily represent those of individuals or partners. For further information, please contact: The PCWHF Secretariat, co Events 4 Healthcare, Spirella Building, Letchworth Garden City SG6 4ET
Introduction

Heavy menstrual bleeding is common, affecting one in four women of reproductive age.

Most investigations and management can be provided in primary care following the NICE Guideline CG44 Heavy Menstrual Bleeding, 2016.

NICE advises an ultrasound scan to investigate the possibility of a structural abnormality and endometrial sampling to investigate the possibility of an histological abnormality in premenopausal women at a higher perceived risk. A risk assessment is therefore required.

Risk factors for endometrial hyperplasia and cancer:

- Women aged over 45
- Late menopause > 54
- Women aged less than 45 with additional risk factors:
  - BMI > 30kg/m2
  - Anovulation secondary to PCOS
  - Type 2 Diabetes
  - Hypertension
  - Nulliparity
- Unopposed systemic oestrogen therapy
- Significant family history of breast/ovary/colon/endometrial cancer. Hereditary non polyposis colon cancer (HNPCC) families

Endometrial sampling is an important skill and requires understanding and competency assessment to ensure identification of the correct patient, correct and safe technique and understanding and management of results.

Aim

To develop a competency framework for endometrial sampling in primary care.

Objectives

- To improve the patient experience by offering this service in the community
- To ensure that standards of care are consistent and evidence based
- To develop pathways that deliver quality, cost-effective, streamlined care
Who should have an endometrial sample?

Inclusion criteria

1. Women with a history of heavy or intermenstrual bleeding who are at higher risk of endometrial hyperplasia and cancer.
2. First line treatment failure.

Exclusion criteria

- Women who require a hysteroscopic assessment, for example, scan reports endometrial polyp or heterogeneous/cystic changes in the endometrium
- Post-menopausal bleeding, refer urgent suspected cancer pathway
- Post-coital bleeding
- Appearance of cervix suggestive of malignancy, refer urgent suspected cancer pathway
- Pregnancy
- Previous pelvic irradiation
- Known Asherman’s syndrome
- Previous endometrial ablation
- Active vaginal, cervical or pelvic infection; treat/refer as appropriate.

Women with persistent/recurring symptoms, who have had an ultrasound and endometrial biopsy, should be referred for a specialist gynaecological assessment.
Competency requirements

Practitioners take responsibility for and are accountable for the care they offer. Training should ensure their competence to provide this service and include updates and audits to monitor their performance.

A competent practitioner within the scope of their role will be able to demonstrate:

- Sufficient knowledge and skill within their role to ensure safe and effective practice
- Recognition of his/her limitations of expertise and knowledge

All practitioners will be expected to perform an appropriate number of procedures each year to maintain their own professional standards.

Training standards

1. Be accredited in intrauterine techniques and hold current Letter of Competence in Intrauterine Techniques with Faculty of Sexual and Reproductive Healthcare (LoC IUC FSRH).
2. Have an agreed mentor (for example Gynaecologist or GPwSI) who will assess experience, competencies and provide ongoing supervision.
3. Have undertaken teaching in the management of abnormal uterine bleeding, endometrial sampling and local anesthesia. This education could be through lectures, webinars or e-learning modules.
4. Observe 2 cases of endometrial sampling. Undertake a minimum of 2 samples competently, while being observed by mentor
5. Competently manage results and have established referral pathways for abnormal results, requiring specialist management.

Peer support and clinical supervision

It is important that practitioners do not work in isolation and take the opportunity to meet with other practitioners to share and critically reflect on their experiences and learning.

Clinical audit and service evaluation

Systems for documenting results and management should be maintained for audit and service evaluation purposes to demonstrate effective and quality service delivery. For example, an annual audit including the number of procedures performed, number of insufficient specimens and number of abnormal results.
Documentation requirements

All women undergoing this procedure should give informed consent for the procedure to be carried out.

Record:
- BMI
- LMP
- Pattern of bleeding
- Current hormonal treatment
- Contraception / other hormone treatment
- Uterine position
- Uterine length
- Number of samples taken / number of times sampler passed
- Document whether clinician confident that endometrium was sampled

Results

The patient should be informed of the result and ongoing management, including safety netting.

Normal
- Proliferative changes, consistent / inconsistent with time of cycle
- Secretory changes, consistent / inconsistent with time of cycle
- Inactive endometrium

Abnormal
- Inadequate sample – repeat / refer for hysteroscopy
- Hyperplasia with no atypia
- Hyperplasia with atypia
- Endometrioid endometrial adenocarcinoma

Criteria for ongoing accreditation
- Continuing to insert more than 12 IUC devices per year to maintain ongoing FSRH competency requirements
- Perform a minimum of 6 procedures of endometrial sampling per year
- Evidence of ongoing CPD in women’s health
- Competency in administration of local cervical anaesthesia and use of vulsellum
- Maintain competency in basic life support and resuscitation
- Complete log of results and outcomes

It is ESSENTIAL that evidence of performance is presented at an annual appraisal.

REFERENCES

https://www.nice.org.uk/Guidance/CG44
https://pathways.nice.org.uk/pathways/heavy-menstrual-bleeding
www.nice.org.uk/guidance/qs47
Pathway for Heavy Menstrual Bleeding (Regular Heavy Periods)

Risk factors for endometrial cancer: PCOS, obesity, diabetes, nulliparity, late menopause, unopposed oestrogen therapy, functioning ovarian tumours, previous pelvic irradiation, family history of cancer of breast ovary or colon, women on Tamoxifen, hypertension, history of endometrial hyperplasia.
Pathway for Intermenstrual Bleeding (IMB)

Causes of IMB: fibroids, endometrial polyps, endometrial and cervical cancer, DUB on hormonal contraception, endometrial stimulation by a copper IUCD, infection

Risk factors for endometrial cancer: PCOS, obesity, diabetes, nulliparity, late menopause, unopposed oestrogen therapy, functioning ovarian tumours, previous pelvic irradiation, family history of cancer of breast ovary or colon, women on Tamoxifen, hypertension, history of endometrial hyperplasia

Clinical features that raise suspicion of cervical cancer (irrespective of smear status)
2WW referral gynaecology

Take history
Pelvic examination and visualisation of cervix
Take cervical smear if due
Screen and treat for infection
Pregnancy test if appropriate

Intermenstrual bleeding in women taking hormonal contraception and copper IUCD:
Health Guidance on unscheduled bleeding [www.fsrh.org]
• Acceptable in first 3 months of using Rx
• Treat as per guidelines

Not responding to treatment

Refer ultrasound/pipelle

All women > 45 and women < 45 with persistent symptoms and/or risk factors for endometrial cancer

Cervical ectropion or polyp found on examination
See pathway for cervical polyps and benign cervical problems

If IMB persists and/or abnormality on ultrasound/pipelle

REFER TO GYNAECOLOGY FOR ASSESSMENT AND TREATMENT

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