

# Supporting doctors through the menopause

Policy paper



## Foreword

Recent global events, such as the COVID-19 pandemic have had a significant impact on everyone involved in the healthcare workforce, with increasing levels of stress and burn out together with the challenges of recurrent COVID-19 infection, and long COVID.

Health systems around the world employ a majority female workforce, and so, MPS, as an organisation which serves and supports the healthcare professions, cares about the wellbeing of members and our people, most of whom are women.<sup>1</sup> This includes understanding the various factors which can negatively affect the ability to flourish at work, and at every step in their careers. Any learning or experience we gain which improves working lives within MPS, has the potential to influence and inspire better support across the whole membership and the wider healthcare arena. MPS has been focussing on diversity and inclusion, wellbeing at work, and reducing burn-out in recent years to create an environment for our staff and all members where everyone feels valued and is encouraged to achieve their potential. Our *Supporting doctors through the menopause* campaign, which I encourage you to support, is part of this suite of policy initiatives designed to nurture the workforce.

MPS employs over 1,000 colleagues globally, 61% of which are female, working at every level of the organisation. Therefore, it is only right that we talk openly about menopause and put the right support in place for those who need it. Better support for our workforce and members will strengthen the organisation and promote a culture we can all be proud of.

Over the past two years, we have built awareness and understanding of the symptoms associated with the menopause, implemented a programme of support and training for colleagues and managers, and are working proudly towards becoming an accredited Menopause Friendly Workplace by 2023.

Our hope is that by coming together and talking about it, the more aware we become, the more we normalise it, and the better equipped we are to help each other and members.

This is important to everyone, as healthcare workers and those colleagues who support them are under increasing strain at the moment, and deserve to be cared for, so they can continue to provide the highest quality of care to others.

A handwritten signature in white ink, appearing to read 'Jane Dacre', set against a dark blue background.

**Professor Dame Jane Dacre**  
President of MPS Council

## 1. Introduction

Menopause affects up to half of us – that's 3.905 billion across the world. Menopausal women are now the fastest growing demographic group in the global workforce, and make up the majority of the healthcare workforce in the UK and Ireland. However, until recently, the effects of menopause and what support can be useful to those experiencing symptoms has not been the subject of extensive discussion or research.

Although many healthcare workers are familiar with the menopause and its symptoms, the BMA identified in its report *Challenging the culture on menopause for working doctors*, some examples of doctors not realising that the symptoms they were experiencing, such as trouble concentrating or feeling anxious could be a result of the menopause.<sup>2</sup> This illustrates that there may be a lack of awareness of menopause and its symptoms amongst the population in general but also healthcare workers.

There still appears to be an existing taboo and a lack of education around the menopause. It is striking that clinicians, managers and healthcare organisations who should be familiar with the menopause and its symptoms are still struggling with speaking openly about this topic and the impact it has on healthcare workers' physical and mental health.

There is evidence that well-functioning, effective teams deliver significantly better and safer patient care.<sup>3</sup> With females making up most of the healthcare workforce, it is crucial that they can access the support they need to avoid an exodus from the profession.

MPS also has a role to play. As a mutual organisation, it is vital that we listen to and care for members – 52% of whom are female. We provide members with help to support their wellbeing and we campaign on behalf of members to promote reforms that would make a positive difference. The results of our survey on the menopause strongly suggest that more needs to be done to support those struggling with menopause symptoms.

The aim of this paper is to raise awareness of the impact menopause is having on the workforce, as well as to issue recommendations and help healthcare organisations, managers, and employers to better support healthcare workers so that they do not leave the workforce or suffer in silence if they struggle with managing menopause symptoms.

1. At least 52% of MPS global members are women and 61% of UK-based MPS staff are women as per our data on 22 August 2022

2. BMA, *Challenging the culture on menopause for working doctors*, August 2020

3. [Improving teams in healthcare, RCP London](#)

## 2. What is the menopause

Menopause is a natural stage in life and occurs due to a reduction in circulating hormone levels. It is said to have taken place when a person has not had a period for 12 months. This usually happens between the ages of 45 and 55.<sup>4</sup> However, it is important to recognise that symptoms can be experienced for many years, both before and after the periods stop.

This period of transition, often lasting several years, is known as the perimenopause, which translates literally to “around the time of the menopause”. The period following the menopause – a year and a day onwards after the last period, is referred to as postmenopause. Early menopause is defined as occurring before the age of 45 years old and, for persons reaching the menopause before age 40, the term Premature Ovarian Insufficiency (POI) is used.

On average, the menopause starts at 51 years of age; but it can begin years earlier, either naturally or for other reasons such as surgery to remove some of the sexual organs; treatments such as chemotherapy, or a genetic condition.<sup>5</sup>

Transgender and non-binary people can also experience menopause symptoms when they stop or restart hormonal treatments.

Whatever the age or cause, the severity of symptoms varies greatly, and for some, menopause can be confusing, stressful, physically draining and completely life-altering. In fact, recently, in an article in the British Medical Journal a group of gynaecologists obstetricians and clinical psychologists determined that there are other factors determining the experiencing of menopause as well as the severity of symptoms. These included socioeconomic status, education level, and social and cultural attitudes to menopause, hormonal changes, smoking, diet, or body mass index (BMI).<sup>6</sup>

According to the UK’s Faculty of Occupational Medicine and the Chartered Institute for Personnel and Development (CIPD),

- Nearly 3 out of 4 menopausal women experience symptoms
- 1 in 4 experience serious symptoms
- Two thirds of women working through the menopause say they currently have no support at all from their employers
- 25% of women say they have considered leaving their job, and
- 1 in 10 do end up quitting.<sup>7</sup>

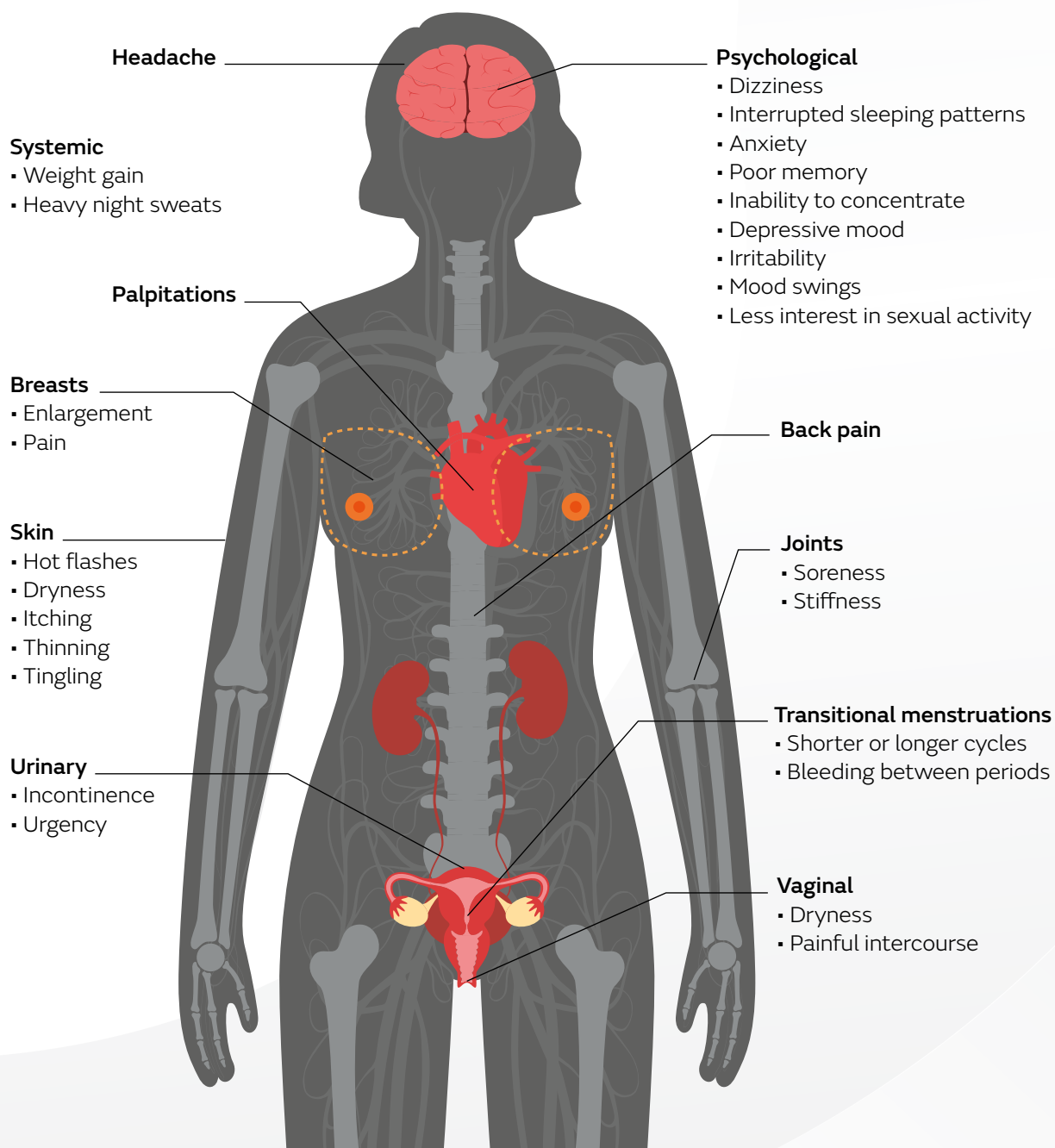
4. [Menopause – NHS \(nhs.uk\)](#)

5. [Menopause – NHS \(nhs.uk\)](#)

6. [Normalising menopause, BMJ](#)

7. Source: 2019 survey conducted by BUPA and the Chartered Institute for Personnel and Development (CIPD)

## Symptoms of menopause<sup>8</sup>



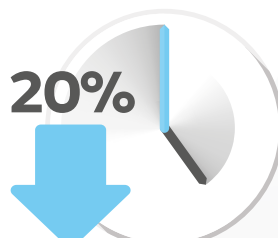
8. Mikael Hagstrom, Wikipedia

The menopause experience is likely to be a personal one for each individual, who may have different experiences and symptoms of the menopause. However, these may well include a combination of both mental and physical health symptoms.<sup>9</sup> Some of the most common physical symptoms include hot flushes, night sweats, heavy periods (menorrhagia) or a change to the menstrual cycle; but also, migraines and other headaches are frequently reported, as well as joint and muscle pain, heart palpitations, urinary incontinence, vaginal dryness, genitourinary infections, and an adverse effect on an individual's sex life, which can have a consequent effect on the overall wellbeing of the individual and their relationship.<sup>10</sup> Mental health symptoms reported include anxiety, mood swings as well as paranoia, panic attacks and depression. Other reported symptoms include fatigue, poor concentration, brain fog, dizziness and light-headedness, insomnia, low activity levels, and losses of confidence, self-esteem, and enthusiasm.<sup>11,12</sup>

These symptoms can have a negative effect on a person's work performance – they may translate into reduced engagement with work and reduced job satisfaction, reduced commitment to their employer, higher sickness absence and an increase desire to leave work. The symptoms can also impact partners and families as they may need to take time off to offer support which can also lead to financial pressures, and in some cases even divorce or suicide.<sup>13</sup>



**sick days are lost every year in the UK due to menopause**



**do not consider promotion or reduce their hours because of difficulty managing with menopause**



**leave work due to the severity of symptoms and lack of support**

Clearly, if more women are leaving the workforce, or not applying to a higher role due to the symptoms, this lessens diversity at senior and executive levels and contributes to the gender pay gap. It also feeds into a disparity in pensions.

9. [Menopause – NHS \(nhs.uk\)](https://www.nhs.uk)

10. [Symptoms of the menopause – RCOG \(rcog.org.uk\)](https://www.rcog.org.uk)

11. BMA, Challenging the culture on menopause for working doctors, August 2020

12. Source: 2019 survey conducted by BUPA and the Chartered Institute for Personnel and Development (CIPD)

13. Sources: Office of National Statistics; 2019 survey conducted by BUPA and the Chartered Institute for Personnel and Development (CIPD)

### 3. The impact on healthcare workers

There is a misconception that the menopause is simply the end of having periods. However, as we have explored, there are lots of symptoms associated with it which can make this process very challenging, especially for healthcare workers who may also be dealing with added pressures, stress, and working in complex, high pressure environment.

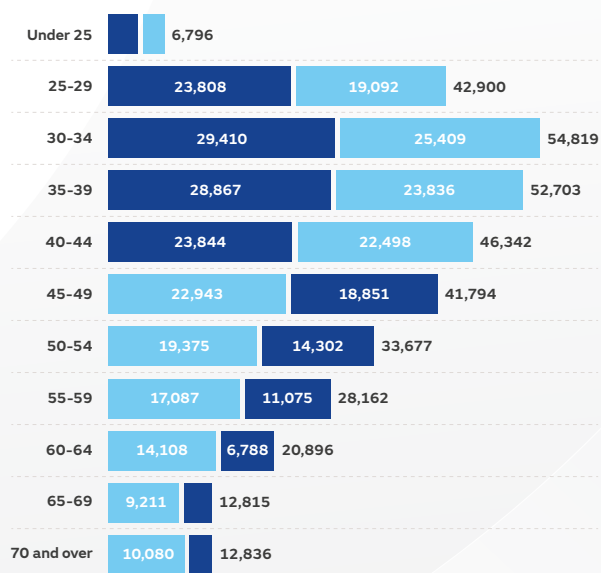
#### United Kingdom

As of March 2021, NHS staff who are women make up:

- 88.6% of the 342,104 nurses and health visitors
- 42.5% of 18,509 ambulance staff
- 77.6% of 172,267 scientific, therapeutic, and technical staff
- 62% of 22,552 managers
- 76.7% of 1.3 million NHS staff <sup>14</sup>

Women make up the majority of the workforce across most of the different parts of the NHS. If we focus on doctors only, as of July 2022, the General Medical Council (GMC) register shows that 47.34% of registrants are female, a total of 167,449.<sup>15</sup>

Taking from the definition above that menopause usually occurs between the ages of 45 and 55, MPS has analysed data from the GMC to find out how many registrants could be of menopausal age. The percentage of female doctors who are between 45-54 years of age is 19.8% of all female doctors and 9.37% of all doctors. This is almost a tenth of the profession who could be impacted by the menopause. This number could increase if we counted those experiencing premature menopause and POI.



Interestingly, the number of female doctors on the register decreases quite dramatically after 45. Until then, female doctors form the majority of the profession with the number starting to decrease from 40 years of age but more drastically after 45.<sup>16</sup> While there could be many reasons for this, the menopause may be one of them.

14. NHS England » NHS celebrates the vital role hundreds of thousands of women have played in the pandemic

15. [data.gmc-uk.org/gmcdata/home/#/reports/The Register/Stats/report](https://data.gmc-uk.org/gmcdata/home/#/reports/The Register/Stats/report) [accessed 26 July 2022]

16. [data.gmc-uk.org/gmcdata/home/#/reports/The Register/Stats/report](https://data.gmc-uk.org/gmcdata/home/#/reports/The Register/Stats/report) [accessed 26 July 2022]

## Age profile of the permanent register

	March 2018	March 2019	March 2020	March 2021	March 2022
Below 21	10	12	+20%	9	-25%
21-30	110,029	111,873	+1.7%	116,388	+4%
31-40	149,103	153,800	+3.2%	163,320	+6.2%
41-50	191,704	187,931	-2%	185,888	-1.1%
51-55	110,856	108,097	-2.5%	105,411	-2.5%
56-60	81,194	84,729	+4.4%	87,874	+3.7%
61-70	44,763	48,973	+9.4%	54,562	+11.4%
71 and above	2,614	2,821	+7.9%	3,141	+11.3%

The percentage changes shown are from year to year within each age group.

The figures for the Nurse and Midwifery Council (NMC) are even more striking. According to their 2022 NMC register report, 89% of people in their permanent register identify as female, and the biggest demographic in terms of age is 51-60 with 193,502 permanent registrants.<sup>17</sup>

The report also explores the number leaving the register in the last year. In total, 27,133 people left the NMC register in the last year. That is an increase in the number of people leaving over the previous year (23,934) of 13.37%. Amongst the top five reasons for nurses leaving the profession add personal circumstances (22%), pressure or stress (18%), and workplace culture (13%).<sup>18</sup>

## Ireland

The Health Service Executive (HSE) annual report from March 2020 reveals that 79.2% of the healthcare workforce are female and 20.8% male. Females make up 76.9% of acute services staff and 82.5% of community services. They make up the majority of the workforce in all Hospital Groups and HSE services except for the National Ambulance Service.<sup>19</sup>

The Medical Council of Ireland annual report of 2020 shows that 44% of the workforce are female, with a 1% clear year on year increase in the percentage of doctors who identified as female.<sup>20</sup> This percentage, however, can be higher for some specialities. The Medical Council identified that as of 2017, 71% of public health medicine specialists, almost 70% of psychiatrists of learning disability and over 60% of psychiatrists of old age, over 66% of child and adolescent psychiatrists, over 66% of Genito-urinary specialists, over 66% of Neuropathologists, over 64% of palliative medicine specialists, over 63% of dermatologists over 58% of infectious diseases specialists and over 50% of GPs are female.<sup>21</sup>

17. The NMC Register, March 2022

18. *ibid*

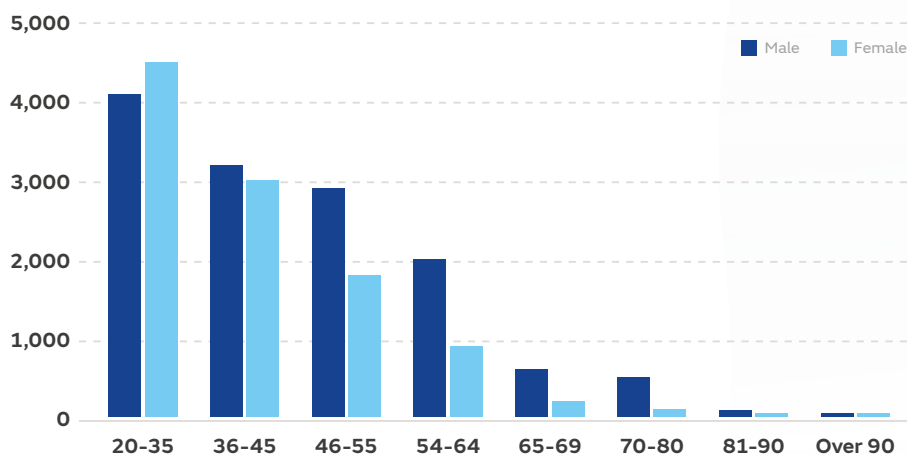
19. Health Service Employment Report, March 2020

20. Annual report 2020, Medical Council of Ireland

21. IMO Position paper on women in medicine, 2017



Registered doctors by age and gender



The Irish Medical Council annual report also reveals that in 2020, for the first time, there were 5% more female than male doctors in the 20-35 age group.<sup>22</sup>

If we look at the graphic, we can see a steep decline in the number of female doctors from 46 years of age, with an even more worrying disparity after 56 years of age. While we cannot assume this is only due to the menopause, it could be one of the causes for women abandoning the profession earlier than men.

The Medical Council of Ireland and the GMC in the UK seem to both see an increase on more females joining the profession. In January 2020, the Department of Health confirmed that 90% of those studying nursing in Ireland were female.<sup>23</sup> This trend is corroborated by a Freedom of Information request with UCAS that revealed 68% of applicants to medical-related degrees in the UK are female.<sup>24</sup> According to this FOI, the number of women applying to medical-related degrees in the UK had risen by 15% between 2011 and 2021. However, the same article points out that while in 2015, 63% of applicants to medical courses were female, in 2020 only 43% of those seem to have joined the medical register.<sup>25</sup> Given the current workforce issues all over the world, with under staffing and problems with recruitment and retention of healthcare workers, it is important to reduce attrition. Supporting women, including those going through the menopause is very likely to make a difference and translate into higher levels of recruitment and retention.

22. Annual report 2020, Medical Council of Ireland

23. gov.ie – Department of Health supports 2020: Year of the Nurse and the Midwife

24. [feneews.co.uk/education/re-ucas-record-68-of-medical-related-degree-applicants-are-female](https://feneews.co.uk/education/re-ucas-record-68-of-medical-related-degree-applicants-are-female)

25. Annual report 2020, Medical Council of Ireland

## 4. What our members told us

To better understand the impact the menopause is having on working doctors, we surveyed MPS members in September 2022 in the UK and Ireland. The survey obtained over 600 responses – 261 responses in the UK and 354 responses in Ireland.

Members told us about their own experiences of the menopause, treating menopausal patients and supporting colleagues who may be experiencing menopause symptoms. We have grouped their responses into six themes which they say are having the most impact in their lives and careers.

### Presenteeism

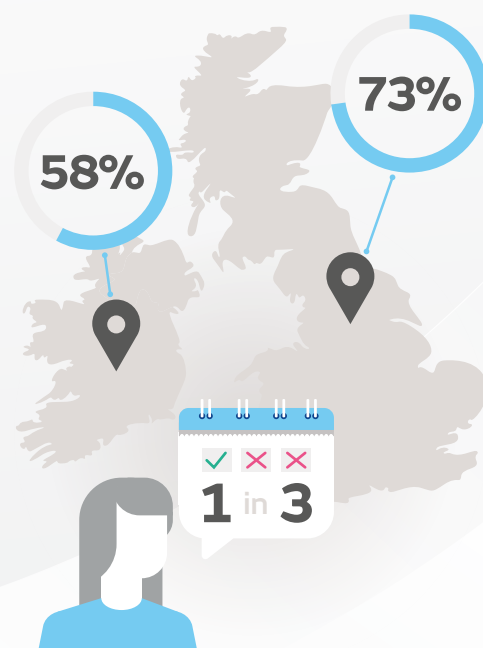
Presenteeism can be defined as turning up to work when too unwell, fatigued or stressed to be productive. We explored this concept in our 2019 report, *Breaking the burnout cycle: keeping doctors and patients safe*, as a major issue in the medical profession contributing to burnout.<sup>26</sup>

Doctors are often reluctant to take time off when they are sick, which can result in a decreased level of performance, but this can also have serious implications for mental and physical wellbeing and it increases the risk of long-term sickness absence. Research also shows that doctors who continue to work while sick are more likely to make errors leading to adverse patient outcomes.<sup>27</sup> There are many factors that impact the wellbeing of doctors, and menopause could be one of them.

Our survey found that 73% of female doctors who are experiencing or have experienced menopause in the UK, and 58% in Ireland, agreed that they have gone into work while being impacted by menopause symptoms.

1 in 3 doctors in the UK (30%) and Ireland (36%) agreed that they would not expect a colleague to be absent from work due to menopause. This suggests the need for further training and education around the menopause and its symptoms as colleague and peer support is essential for healthcare delivery to be successful.

Organisations, NHS and practice managers can all play a role in driving a culture change and supporting doctors who are struggling with menopause-related symptoms so those affected are able to discuss how it is affecting them and make reasonable adjustments to their working patterns where possible.



26. *Breaking the burnout cycle: Keeping doctors and patients safe* [UK policy report](#) and [Ireland policy report](#)

27. *ibid*

## Workplace and management support

Our survey revealed that 65% of female doctors who are experiencing or have experienced menopause in the UK and 60% in Ireland stated that they do not know where to seek support for their menopause symptoms at their workplace.



When asking all doctors, more than half of respondents (54%) in the UK and over a third (37%) doctors in Ireland do not know whether their employer/workplace has a menopause workplace policy. Organisations should develop these policies and communicate them in order to support female doctors who may be struggling with menopause symptoms. This may help to keep them in the workforce for longer, treating patients and supporting colleagues in these challenging times. This indicates that even if menopause support is available to doctors in hospitals and practices, there is a lack of awareness among the staff.

Despite doctors and healthcare organisations being familiar with the menopause and treating patients who may be struggling with some of the symptoms, 14% of female doctors who are experiencing or have experienced menopause in the UK feel supported by their employer/workplace and only 7% feel supported by their line manager. In Ireland, only 5% of female doctors who are experiencing or have experienced menopause felt supported by their employer/line manager and less than one percent said they felt supported by their workplace. Most female doctors who are experiencing or have experienced menopause cited feeling supported by their family and friends (76% in the UK and 60% in Ireland), and colleagues (28% in the UK and 27% in Ireland).

## Peer support

As well as assistance from managers and organisational policies, support from colleagues and feeling part of an effective team are also fundamental to the mental and physical wellbeing of doctors and the retention of staff in the workforce.

Such support may not only improve professional effectiveness but can also foster a psychological safe environment where doctors feel they belong. It also contributes to better healthcare delivery, improving safety and quality of care, resulting higher patient satisfaction. This is why it is essential that colleagues support each other and those who may be struggling with the menopause.

In the UK, 1 in 3 (36%) of female doctors who are experiencing or have experienced menopause said they would feel comfortable speaking to their colleagues about how menopause may impact wellbeing while 38% say they may consider it. In Ireland, 39% of female doctors who are experiencing or have experienced menopause said they would feel comfortable speaking to their colleagues about how menopause may impact wellbeing and 29% said they may consider it. As we have pointed out earlier, female doctors feel most comfortable seeking support from friends and family primarily and to some extent from their GPs.

It is important that those struggling with symptoms feel empowered and able reach out to colleagues as this will foster an open and inclusive culture in which doctors can have a sense of belonging. It is equally important that when colleagues reach out, others are able to offer them the support they expect and deserve. In the UK and Ireland, less than 1 in 3 (28% and 27% respectively) female doctors who are experiencing or have experience menopause said they feel supported by their colleagues when going through menopause.

The lack awareness around how menopause symptoms can impact colleagues can be seen in the results of our survey. In the UK, almost 1 in 5 female doctors who are experiencing or have experienced menopause (17%) agreed that some of their colleagues have been/were dismissive of their symptoms.

This may explain why female doctors who are experiencing or have experienced menopause are still concerned about their colleagues' views. In the UK, 2 in 3 female doctors experiencing or having experienced menopause (64%) said that they are concerned about menopause symptoms impacting colleagues' perceptions of themselves and their capability.

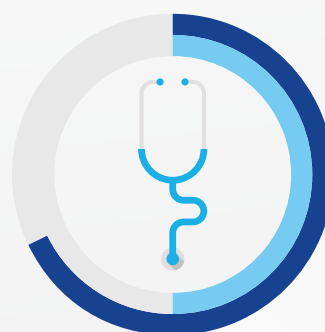
While the above is of concern, it is reassuring that over half (61%) of doctors in the UK and Ireland (59%) would welcome more training on managing or supporting colleagues dealing with the menopause.

### Medicolegal risk

Doctors in the UK and Ireland practise in a highly litigious environment and the fear of receiving a complaint, claim or a regulatory investigation is a constant in their lives. Doctors in various surveys and studies have reported significant fears about making a mistake and being blamed for it. As such, any changes in their mental or physical wellbeing that have an impact on the way they practise or their interaction with patients could exacerbate the fear of making a mistake or being blamed for it.

More than 2 in 3 (68%) female doctors who are experiencing or have experienced menopause in the UK said that they are concerned about their menopause symptoms impacting the quality of their work/performance.

Equally in Ireland, half (50%) of female doctors who are experiencing or have experienced menopause said they are concerned with the symptoms impacting the quality of their work/performance.



When asked about the impact of menopause and its symptoms resulting in medicolegal issues, half of female doctors in the UK (51%) said that they are concerned about the impact of menopause symptoms resulting in medicolegal issues (eg clinical negligence claim, GMC investigation into their practice, disciplinary, involvement in inquest and/or patient complaint). In Ireland, 1 in 3 (35%) of female doctors who are experiencing or have experienced menopause said they were concerned about the impact of menopause symptoms resulting in medicolegal issues.

These statistics highlight the importance of organisational support. Doctors must feel that they are able to practise safely and express whether there are any concerns around their menopause symptoms to their manager or workplace without fear of being judged or dismissed. Having regular rest and recovery periods or being able to adjust their hours could help those experiencing menopausal symptoms with staying in the workforce for longer and treating patients safely and effectively for many more years.

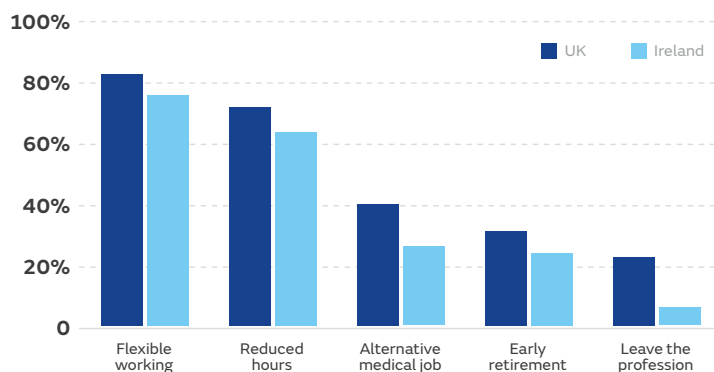
### Impact on doctor's careers

The issue of workforce recruitment and retention is of great concern to policy makers, healthcare organisations and all of those involved in healthcare delivery. We believe that supporting doctors' wellbeing – including those who are struggling with menopause symptoms – would be a positive step to mitigate the risk of earlier retirement which is being sought by many in the current climate.<sup>28</sup>

Our members have told us about their experiences of working while having menopause symptoms and some adjustments that they have considered. This could and should be considered by policy makers and employers when designing strategies of workforce retention.

In the UK and Ireland, over 1 in 3 (36% and 37% respectively) female doctors who are experiencing or have experience menopause have considered reducing their hours due to the menopause symptoms and the impact on their wellbeing and almost 1 in 5 (19% and 18% respectively) have considered early retirement. In Ireland, almost 1 in 5 (19%) female doctors who are experiencing or have experienced menopause have also listed flexible working as a consideration due to menopause symptoms and the impact on their wellbeing.

28. [Exodus of hospital doctors risks 'complete collapse' of the NHS \(telegraph.co.uk\)](https://www.telegraph.co.uk/health/2023/03/28/exodus-of-hospital-doctors-risks-complete-collapse-of-the-nhs/)



Our survey also found that female doctors in the UK who are currently not experiencing menopause would consider flexible working (83%), reducing their hours (73%), stepping back from clinical work to pursue other medical-related projects/jobs (40%), early retirement (33%) and leaving the medical profession to pursue a different career (23%) in the future when they are going through menopause.

In Ireland, female doctors who aren't currently experiencing menopause would also consider flexible working (76%), reducing their hours (64%), stepping back from clinical work to pursue other medical-related projects/jobs (27%), early retirement (24%) and leaving the medical profession to pursue a different career (6%) in future when they are going through menopause.

## Patient Care

While part of this survey was aimed at finding out the experiences of our members undergoing menopause and what support it may be needed from organisations, colleagues and employers, we cannot forget that the central part of being a doctor is delivering patient care.

Female patients, just as their doctors, experience the menopause and they may also struggle with the symptoms and reach out to their GPs or consultants for help or advice with managing them. It is encouraging that more than 3 in 4 doctors in the UK and Ireland (77% and 74% respectively) agreed that they are confident in supporting and managing patients impacted by menopause symptoms. Female doctors surveyed in the UK were more likely to agree than male doctors that they feel confident supporting and managing patients impacted by menopause symptoms.

However, 1 in 4 doctors in the UK and Ireland (26% and 25% respectively) agreed that they feel uncomfortable when supporting and managing patients impacted by menopause symptoms due to lack of knowledge/awareness.

Doctors would naturally be more comfortable treating or talking to patients about the areas in which they feel that they have received most training. The majority of doctors surveyed would welcome more training on how to support and treat patients impacted by menopause symptoms (72% in the UK; 69% in Ireland). It is encouraging to see that healthcare organisations are already developing training and guidance for healthcare professionals working with patients who are experiencing menopause. The Irish College of GPs (ICGP) in Ireland has recently updated their menopause education module for GPs.<sup>29</sup> The Royal College of GPs (RCGP) in the UK also has several eLearning resources on menopause management.<sup>30</sup>

29. [Menopause – ICGP Website](#)

30. [Peri/Post-Menopause: Menopause management: eLearning \(rcgp.org.uk\)](#)

## 5. Recommendations

The health and social care workforce is predominantly made up of women. In chapter two, we explored how women make the majority of the workforce in both the UK and Ireland. In the UK, 76.7% of NHS staff are women<sup>31</sup> and in Ireland, 79.2% of the HSE workforce are female. And this is only in the public sector, which is recognised to be chronically understaffed.

Understanding and addressing issues related to the menopause is likely to make a difference in retaining a big part of the workforce and this may be the reason why menopause is an area that is receiving growing recognition as important across many countries. Some attention has been paid in recent years to women's health in general, with the appointment of the first Women's Health Ambassador in England, Dame Lesley Regan; and to the menopause in particular. Different organisations including the BMA<sup>32</sup> and the Health and Social Care Select Committee<sup>33</sup> in the UK have looked at menopause and its impact on the workforce and issued recommendations which we endorse, including access to flexible working, workplace adjustments and support for mental health and wellbeing.

We believe that the recommendations that we set out below could instigate conversations about menopause in the workplace in different countries where MPS has members, including the UK and Ireland:

- **All healthcare organisations should introduce flexible working arrangements** for individual clinicians, with policies and procedures to ensure those affected can seek support – such as making reasonable workplace adjustments, taking breaks or taking time off when needed – without fear of adverse impacts on their career or professional reputation.
- **Managers and senior leaders in the NHS/HSE and in private healthcare settings** must be trained in the topic of the menopause, including the impact the symptoms can have on working females and their teams. Anyone who is suffering with menopause symptoms needs to be supported by their managers, to discuss any necessary changes to working arrangements.
- **Occupational health teams** should be involved in a proactive way in planning and supporting clinicians going through the menopause in a proactive way to avoid them leaving the profession. This should include support for mental health and wellbeing.

31. [NHS England » NHS celebrates the vital role hundreds of thousands of women have played in the pandemic](#)

32. BMA, Challenging the culture on menopause for working doctors, August 2020

33. Health and Social Care Committee, report on Workforce recruitment training and retention in health and social care

- **We support the recommendation from the Health and Social Care Select Committee** that all new doctors joining the profession should be trained on the menopause, however we would like to see this extended to currently practising doctors.
- **Primary care providers** should consider staff with menopause expertise, when hiring new team members, as this will benefit patients, clinicians and practice staff.
- **Healthcare professionals working in the NHS/HSE or in private practice** who are struggling with menopause symptoms themselves should seek support and professional advice on potential treatments and lifestyle measures. MPS also has a role to play – we listen to and care for members, including offering support with their wellbeing and we have made our 24/7 confidential counselling service available for those struggling with the menopause.



**medicalprotection.org**