PROJECT BRIEF

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Literature Review: Knowledge, Training Standards, and Curriculum Effectiveness in Menopause Care among Primary Care and Reproductive Health Clinicians

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Background & Aims

Menopause is a universal life stage for women, characterized by significant physiological changes that impact health, quality of life, and long-term disease risk. Associated conditions include vasomotor symptoms, sleep disturbances, mood disorders, sexual dysfunction, bone density loss, and increased cardiovascular risk. While clinical guidelines for menopause management are available from leading organizations such as the Menopause Society, the Endocrine Society, and ACOG, studies suggest that many primary care and reproductive health clinicians are unfamiliar with these guidelines or lack the confidence to apply them in practice. This contributes to delayed treatment, underutilization of hormone therapy, and inconsistent care. This report synthesizes evidence on three key aspects of menopause care: (1) clinicians' knowledge of evidence-based treatment, (2) accreditation standards for training programs in menopause care, and (3) the effectiveness of curricula in preparing clinicians to manage menopause-related concerns.

Methods

A narrative literature review was conducted to identify studies published in the U.S. from 2010 onward. Literature searches were performed using PubMed, CINAHL, Web of Science, and the Cochrane Library, supplemented by accreditation standards from ACGME, ARC-PA, CCNE, and NONPF. Of the 221 identified articles, 13 met the inclusion criteria for the review. Studies were analyzed for population characteristics, research methods, and findings, with a focus on evaluating the strength of the evidence and generalizability.

Findings

Clinician knowledge gaps regarding menopause care are prevalent across training levels. Survey-based studies reveal that many primary care and reproductive health clinicians lack familiarity with evidence-based guidelines, leading to inconsistent screening and underutilization of treatments, such as hormone therapy. Accreditation standards do not specifically mandate menopause education, resulting in variability in curricula and clinician competency. Targeted menopause curricula, such as podcasts and clinical rotations, significantly improve knowledge, confidence, and preparedness, but are not widely implemented. Knowledge gains from brief interventions often diminish over time, highlighting the importance of longitudinal reinforcement. Additionally, many clinicians feel unprepared to manage complex conditions associated with menopause, such as osteoporosis and

cardiovascular risks. Systemic barriers, including inconsistent screening practices, further hinder the delivery of optimal care.

Limitations and Future Directions

The studies reviewed have several limitations. Many relied on surveys, which may not accurately reflect clinicians' actual practice patterns, and often had low response rates, raising concerns about representativeness. Additionally, most studies of educational interventions were conducted at single sites and used pre-post designs without control groups, limiting the ability to isolate intervention effects or generalize findings. Future research should prioritize multi-site randomized controlled trials to identify best practices for menopause education in training and continuing medical education. Long-term studies are also needed to assess the durability of knowledge and changes in clinical practice over time.

Policy Implications

To address clinician knowledge gaps and variability in menopause care, accreditation standards for training programs should require dedicated menopause curricula for primary care and reproductive health clinicians. Didactic and clinical training should emphasize evidence-based guidelines, shared decision-making, and cultural competence. Policymakers should fund grants to support curriculum development, faculty training, and learning collaboratives to share best practices. Continuing education initiatives should focus on building clinicians' confidence in both hormonal and non-hormonal treatment options and on equipping them with tools to provide individualized, patient-centered care. Additionally, investments in electronic health record systems and decision-support tools can help ensure guideline-concordant care is systematically applied across diverse clinical settings.

Conclusion

Clinician knowledge deficits and inconsistent training highlight the need for standardized menopause education across the healthcare workforce. By strengthening accreditation standards, supporting curriculum development, and prioritizing longitudinal education, policymakers and educators can address critical gaps in care delivery. Ensuring equitable, guideline-concordant care for individuals experiencing menopause will improve patient outcomes and enhance the quality of care provided in primary care and reproductive health settings. Addressing these gaps will also reduce disparities in menopause care and improve access to evidence-based treatment, particularly in underserved areas. A sustained, coordinated effort across clinical training programs and health systems is essential to equip providers with the skills needed to deliver compassionate, high-quality care.

Full Report

https://healthworkforce.ucsf.edu/bibcite/reference/2126

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