Public Petition Committee
Thursday 24 September 2026
3rd Meeting, 2026 (Session 7)

PE2218: Introduce mandatory women's health training for all GPs and NHS healthcare professionals

Introduction

Petitioner	June Smillie on behalf of Nicola's
Petition Summary	Calling on the Scottish Parliament to urge the Scottish Government to introduce mandatory, standardised women's health training for GPs and NHS healthcare professionals across Scotland. Training must focus on conditions that disproportionately affect women, including menstrual, reproductive and hormonal conditions, chronic pain, and the psychological impact of long-term symptoms. It should be evidence-based, regularly updated and regulated to ensure consistent, compassionate and informed care across all healthcare settings.
Website	https://petitions.parliament.scot/petitions/PE2218

1. This is a new petition that was published on 24 June 2026.

2. A full summary of this petition and its aims can be found at **Annexe A**.

3. Every petition collects signatures while it remains under consideration. At the time of writing, 1,314 signatures have been received on this petition.

4. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.

5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered.

6. The Committee has received submissions from the Scottish Government and the Petitioner which are set out in **Annexe C** of this paper.

Action

7. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
September 2026

Annexe A: Summary of petition

PE2218: Introduce mandatory women's health training for all GPs and NHS healthcare professionals

Petitioner:

June Smillie on behalf of Nicola's

Date published:

24 June 2026

Petition summary:

Calling on the Scottish Parliament to urge the Scottish Government to introduce mandatory, standardised women's health training for GPs and NHS healthcare professionals across Scotland.

Training must focus on conditions that disproportionately affect women, including menstrual, reproductive and hormonal conditions, chronic pain, and the psychological impact of long-term symptoms.

It should be evidence-based, regularly updated and regulated to ensure consistent, compassionate and informed care across all healthcare settings.

Background information:

Our Change.org petition has 25,605 signatures and calls for Nicola's Law to End Medical Misogyny in Women's Healthcare.

Endometriosis and other chronic gynaecological conditions affect thousands of women in Scotland, yet diagnosis is often delayed for years.

Many women report feeling dismissed, disbelieved or told their symptoms are "normal". Persistent unmanaged pain can severely impact education, employment, relationships and mental health. Research shows higher rates of anxiety, depression and suicidal thoughts among those living with chronic pain conditions. In January 2024, Nicola died by suicide after years of severe endometriosis and unrelieved pain. Her death highlights the urgent need to address gender bias in healthcare, improve professional training, and ensure women's physical and psychological symptoms are recognised early and treated with compassion and expertise.

The actions proposed in the petition would support the Scottish Women's Health Plan Women's Health Plan which recognises that women experience health inequalities.

Annexe B: SPICe Briefing

Scottish Parliament Information Centre
Ionad Fiosrachaidh Pàrlamaid na h-Alba

Briefing for the Public Petitions Committee on petition PE2218: Introduce mandatory women's health training for all GPs and NHS healthcare professionals, lodged by June Smillie on behalf of Nicola's

Brief overview of issues raised by the petition

Petition PE2218 calls on the Scottish Parliament to urge the Scottish Government to introduce mandatory women's health training for all GPs and NHS healthcare professionals.

The petition was lodged by June Smillie on behalf of Nicola's, an organisation campaigning to end medical misogyny in women's healthcare, and provide a shared space for women to feel heard and supported. The organisation was founded in memory of Nicola Thyne, who died by suicide after living with chronic pain from endometriosis.

Women's health inequalities

Research conducted by the Fawcett Society and Benenden Health in 2023 found that 60% of women who responded to the survey had experienced having a health condition that was not taken seriously by a medical professional. 35% of respondents had avoided seeking medical support due to fear of dismissal and previous negative experiences.

An inquiry report published by the UK Parliament's Women and Equalities Committee in 2024 highlighted that medical misogyny led to women and girls feeling dismissed and left to suffer when experiencing severe pain due to conditions such as endometriosis, adenomyosis, and heavy menstrual bleeding. Such conditions can have a considerable impact on the daily lives, education, employment, and relationships of those affected, particularly as many women and girls face long waits for diagnosis and treatment.

The Scottish Government commissioned a research project in 2023 exploring women's experiences of discrimination, and the impact on their health. This research informed the development of the Scottish Government's Women's Health Plan. The researchers highlighted a number of broad issues identified by participants in relation to their experiences of healthcare. Women reported feeling ignored and dismissed when attempting to seek healthcare, a common theme across research in this area. Participants also highlighted systemic gender bias in the healthcare system, feeling that health and healthcare are informed by "default male" stereotypes.

Some participants also felt that they faced additional discrimination based on factors such as age, socioeconomic status, and race. Phase Two of the Women's Health

Plan commits to taking an intersectional approach to women's health, addressing the inequalities that affect the health of women and girls.

Overview of current women's health training provision

The UK Government's response to the Women and Equalities Committee's 2024 inquiry report highlighted several areas of existing women's health training provision for doctors. The General Medical Council's Medical Licensing Assessment (MLA) is undertaken by all medical students graduating from UK universities. International doctors wishing to join the UK medical register must take the Professional and Linguistic Assessments Board (PLAB) test, which mirrors the competencies covered in the MLA.

The MLA covers a number of topics related to women's health, including obstetrics and gynaecology, reproductive health, menopause, and chronic conditions such as endometriosis and polyendocrine metabolic ovarian syndrome (PMOS – formerly known as polycystic ovarian syndrome).

Women's health issues including gynaecology, sexual and reproductive health, urinary incontinence, and breast health are also covered in the curriculum for trainee GPs developed by the Royal College of General Practitioners.

NHS Education for Scotland provided further detail on relevant training and development opportunities available to GPs to inform this briefing. They advised that in relation to the women's health modules in the curriculum for trainee GPs, GP registrars are required to demonstrate their competence in the curriculum through supervised clinical practice, workplace-based assessment, and evidence in their training portfolio.

In Scotland, the trainee GP curriculum requirements related to women's health are supplemented by structured deanery teaching programmes, which include dedicated training in obstetrics, gynaecology, menopause, contraception, sexual health and abortion care, alongside learning opportunities in both primary and secondary care settings.

NES also stated that Scotland has developed a national continuing professional development offer to support delivery of the Scottish Government Women's Health Plan. This includes PSD Scotland/TURAS educational resources on menopause, menstrual health, endometriosis, cervical screening, sexual and reproductive health, gender-based violence and other women's health topics, delivered through e-learning, webinars, simulation-based education and quality improvement programmes. These resources are available to GP registrars, First5 GPs and established GPs, providing opportunities for ongoing learning throughout a GP's career.

In addition, GPs can access a range of national and UK-wide resources, including the RCGP Women's Health Hub and Women's Health Toolkit, the Women's Health Library, educational resources from the Faculty/College of Sexual and Reproductive Healthcare, the Royal College of Obstetricians and Gynaecologists, the British Menopause Society, and other accredited CPD programmes.

The Nursing and Midwifery Council (NMC) has established a series of standards for nursing and midwifery education, which must be adhered to by universities when developing their curriculum. Although these standards are less prescriptive than the GP curriculum with regard to the specific subjects covered, they set the expectation that nurses and midwives will receive appropriate training to enable them to offer compassionate, person-centred care to all patients.

Healthcare professionals are encouraged and expected to undertake continuing professional development (CPD) as part of their ongoing learning. Some of the CPD options available to healthcare professionals cover women's health issues. The Scottish Government's Women's Health Plan: Phase Two states that Scotland now has bespoke training packages on menstrual health and menopause for general practice and others working in primary care. These training modules are available to NHS professionals in Scotland via the Turas Learn platform. The modules are not currently mandatory.

NHS Education for Scotland conducted a learning needs analysis for General Practice Nurses (GPNs) in 2025. The analysis identified training in women's health as a key learning need for GPNs. The learning needs analysis is being used to guide the development of learning resources for GPNs.

Scottish Government actions

In its written response to petition PE2218, the Scottish Government stated that it is not within the Government's gift to mandate clinical training of any type. Such decisions regarding training provision for trainee and practising healthcare professionals are the responsibility of the relevant UK-wide professional body. The Scottish Government's response stated that in its view, the petition's request is not practical or achievable.

However, the Scottish Government has taken some broader steps to improve women's healthcare and raise awareness of women's health issues. Its Women's Health Plan seeks to address some of the health inequalities affecting women and girls. As explored earlier in this briefing, Phase Two of the Women's Health Plan committed to allocating free women's health training modules for healthcare professionals, which are now available on the Turas Learn website.

The Scottish Government also provided funding to the Royal College of General Practitioners to develop an endometriosis training package for GPs, which can be accessed by GPs online.

Scottish Parliament actions

There has been no specific Scottish Parliament action on this topic to date.

Key Organisations and relevant links

- Nicola's – Charitable organisation founded by the petitioner, which aims to create a safe space for women to feel heard, connected, and supported. Founded in memory of the petitioner's family member Nicola Thyne, who lived with chronic pain caused by endometriosis, and died by suicide shortly after a cancelled planned operation for her condition.

- The Women's Health Plan – Phase Two – The Scottish Government's plan to improve health services and health outcomes for women and girls in Scotland.

Sarah Swift
Researcher
21 August 2026

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Annexe C: Written Submissions

PE2218/A: Introduce mandatory women's health training for all GPs and NHS healthcare professionals

Scottish Government written submission, 31 July 2026

1. Does the Scottish Government consider the specific ask[s] of the petition to be practical or achievable? If not, please explain why.

The Scottish Government does not consider that the petition's ask for mandatory training for all GPs and healthcare professionals to be practical or achievable. Responsibility for professional development sits with individual healthcare professionals, employers, Public Service Delivery (PSD) Scotland, the Royal Colleges and other professional bodies.

The Scottish Government cannot mandate what training GPs receive in order to be GPs. GPs are regulated by the GMC (a UK body) and their training is provided by independent universities. Similarly, pharmacists are regulated by the GPhC (a UK body) and Scottish Government cannot stipulate what training materials universities include in their courses.

For medicine (but likely applicable to other health professions): Undergraduate medical curricula in Scotland are designed around the General Medical Council's Outcomes for Graduates and the UK Medical Licensing Assessment. Women's health is embedded throughout the curriculum as a core area of learning, rather than being delivered solely as a discrete specialty.

Across Scottish medical schools, students develop knowledge and skills relating to a wide range of women's health issues, including reproductive and gynaecological health, menstrual disorders, menopause, fertility, pregnancy and postnatal care, alongside broader aspects of physical and mental health that disproportionately affect women. Teaching is underpinned by the relevant scientific, clinical and behavioural sciences and is reinforced through integrated learning across specialties and clinical settings.

This is complemented by clinical placements and practical learning opportunities in areas such as general practice, obstetrics and gynaecology, sexual and reproductive health, psychiatry and other specialties, alongside training in communication, shared decision-making, multidisciplinary working and person-centred care.

The emphasis is not on increasing exposure to a single area of practice in isolation, but on maintaining a balanced, contemporary curriculum that equips graduates with the knowledge, skills and professional behaviours required to recognise, assess and manage women's health needs as part of holistic patient care across a wide range of clinical contexts. Following qualification, responsibility for professional development sits with individual healthcare professionals, employers, Public Service Delivery (PSD) Scotland, the Royal Colleges and other professional bodies. A range of education and training resources relating to women's health are available to support the ongoing development of the healthcare workforce and to ensure practice reflects current evidence and clinical guidance.

2. What, if any, action the Scottish Government is currently taking to address the issues raised by this petition, and is any further action being considered that will achieve the ask[s] of this petition?

Women's Health Plan

Scotland was the first country in the UK to publish a Women's Health Plan in August 2021. The Plan sets out actions which aim to address women's health inequalities by raising awareness around women's health, improving access to health care for women throughout their lives, and reducing inequalities in health outcomes for women and girls.

Through the Women's Health Plan, funding was provided for free women's health training resources for healthcare professionals.

There is a training package, developed by NHS Education for Scotland (NES), now Public Service Delivery (PSD) Scotland, on menstrual health and menopause for healthcare professionals which includes endometriosis. This eLearning module on menstrual health is free to access and is available on TURAS Learn website. It is aimed at those working in General Practice but it can be used by anyone working in the NHS in Scotland.

In addition, the Royal College of General Practitioners (RCGP), with funding from the Scottish Government, has developed an endometriosis training package. This includes specific educational resources and e-learning modules to improve GP assessment, testing, and referral pathways for endometriosis. This training package is designed to support practitioners to deliver timely care and holistic care.

Other steps have been taken to improve access to information for women and girls as well as training for healthcare professionals on endometriosis. For example, there is now:

- an Endometriosis Care Pathway developed for NHS Scotland and adapted from the most up to date NICE guidelines;
- a Women's Health Platform on NHS Inform for women and girls which includes information on endometriosis;

Support for General Practice Workforce – Education/Training Resources

The Scottish Government provides annual funding of £420,000 to Public Services Delivery Scotland (PSDS) (formerly NHS Education for Scotland) to provide educational, training and development resources for General Practice Nurses (GPNs). This includes learning resources on cervical screening and sexual and reproductive health. All PSDS resources are evidence-based and regularly reviewed and updated in line with the latest best practice clinical guidelines (i.e. in line with NICE guidance). Many of these resources are suitable for an intra-professional audience, such as pharmacists, meaning more professions now have access to women's health related education and CPD.

3. Is there any further information the Scottish Government wish to bring to the Committee's attention, which would assist it in considering this petition?

Phase Two of the Scottish Government's Women's Health Plan was published in January 2026. Building on the progress of Phase One this sets out the further action we will take to improve the provision of, and access to, education and training for healthcare professionals on women's health topics.

In addition, Phase Two includes a commitment to transformation of gynaecology services as a priority programme of work, backed by additional funding.

Women's Health Plan, Chief Medical Officer Directorate

PE2218/B: Introduce mandatory women's health training for all GPs and NHS healthcare professionals

Petitioner written submission, 10 September 2026

I would like to provide a further written submission in response to the Scottish Government's submission of 31 July 2026.

I have provided a link to a recent Freedom of Information response from Public Services Delivery Scotland (PSD Scotland), reference **FOI2026-3433**, together with the accompanying Annex. I believe this provides important additional evidence for the Committee.

The Scottish Government's response highlights the women's health education and training resources currently available, including the Menstrual Health e-learning module on TURAS, which contains learning on endometriosis.

I welcome the development of these resources. However, I believe the FOI evidence demonstrates a significant difference between **making training available and ensuring that healthcare professionals actually undertake it**.

The Menstrual Health module was launched in September 2024. The FOI response confirms that, as of August 2026, only **414 learners had recorded completion**:

- 2024–25: **149 completions**
- 2025–26: **208 completions**
- 2026–27, up to 11 August 2026: **57 completions**

A further **910 learners were recorded as "in progress"**, although PSD Scotland states that the system cannot identify what stage of the module those learners have reached.

The organisational breakdown is also noteworthy. For example, the accompanying Annex records only **37 completed learners from NHS Lothian**.

Of particular importance to my petition, PSD Scotland confirms that it does not hold a policy or guidance stating whether completion of this module is mandatory,

recommended but voluntary, or determined by individual NHS Boards or employing organisations.

Instead, the FOI response explains that the module is intended for continuing professional development and that individual practitioners are responsible for identifying their own professional development requirements and learning needs.

I believe this goes directly to the central issue raised by PE2218.

The existence of good-quality training resources does not ensure that healthcare professionals undertake them.

If women's health education depends upon individual practitioners deciding that women's health is an area in which they personally require further development, there is no consistent assurance that women accessing NHS services will encounter professionals with an appropriate baseline knowledge of women's health.

My petition is not asking for every GP, nurse or healthcare professional to become a specialist in women's health. It is asking for a **consistent minimum standard of education and awareness** so professionals can recognise common presentations, respond appropriately and know when further investigation or referral is required.

I recognise the Scottish Government's position that it cannot directly determine all aspects of professional education because responsibility sits across regulators, universities, Royal Colleges, employers and other organisations.

However, I would respectfully suggest that this strengthens the case for **national leadership and coordination**.

I would therefore ask the Committee to consider whether:

1. The current voluntary approach is sufficient in light of the uptake demonstrated by the FOI evidence.

2. The Scottish Government could work with NHS Boards, PSD Scotland, professional regulators and Royal Colleges to establish a nationally consistent minimum standard for women's health education.

3. NHS Boards should be expected to demonstrate that relevant healthcare professionals have undertaken appropriate women's health education.

4. Uptake and completion of women's health training should be routinely monitored and reported.

5. Further evidence should be sought from PSD Scotland, NHS Boards and relevant professional bodies regarding how women's health knowledge and competence are currently assured.

The FOI evidence demonstrates that Scotland has already invested in developing valuable educational resources. The question I would respectfully ask the Committee to consider is:

How do we ensure that the healthcare professionals who need this knowledge actually receive it?

Nicola's experience remains at the heart of why I brought this petition forward. Women should not have to depend on whether an individual healthcare professional has personally chosen to undertake additional education in women's health.

I would be grateful if this submission, together with the response to **FOI2026-3433** and the accompanying **Annex**, could be considered as additional evidence for PE2218.