

# INTERCALATED MPhil PROPOSAL FORM

**To be completed by proposed MPhil supervisor**

PROJECT TITLE:

General Practitioner understanding of Female Genital Mutilation (FGM).

**Key Words**

Female Genital Mutilation (FGM), Primary Care, General Practitioner (GP), Practice Nurse (PN)

**Which clinical speciality does the project link to? (e.g. primary care, rheumatology, anaesthetics)**

Primary Care, Global health, Obstetrics and Gynaecology

**Theme/Group under which the MPhil proposal will be reported**

Global health

**Importance of this research, fit with current priorities and relevance to the RI's programme of work.**

This proposed research will be part of the new global primary care health research programme. The importance of the proposed research is paramount; there are an estimated 200 million women and girls living with FGM, however, it is not typically included in the under and post graduate medical training programmes for general practitioners or nurses. Developing an understanding of General Practitioner (GP) and practice nurse capacity to identify and manage not only FGM but its physical and psychological consequences, is a priority for the World Health Organisation (2016). The preliminary work completed during this research will inform the future planning of a primary care training programme to support GP and practice nurses in the management of the care of women and girls with FGM. The proposed MPhil will contribute to the development of capacity and the critical mass of the global health research team. The research compliments the global health research priorities and other work within the RI which explores how primary care manages new population health challenges.

**STUDY TEAM:**

<b>Name</b>	<b>Discipline</b>	<b>Role within study team</b>	<b>MPhil supervisory role</b>
Dr Tom Shepherd	Global Health	Research Associate	Lead supervisor
Dr Toby Helliwell	Primary Care, Global Health	Clinical Lecturer in General Practice	Second supervisor
Prof Christian Mallen	Primary Care, Global Health	Professor of General Practice	Third supervisor

**LAY SUMMARY**

Female Genital Mutilation (FGM) involves the partial or complete removal of the external female genitalia. Whilst the practice of FGM is more common in certain African and Middle Eastern populations (eg. Somalia, Egypt, Guinea, Mali, Sudan), migration has contributed to the growth of the prevalence of FGM in the UK. FGM can lead to serious physical and psychological complications which have a significant impact on quality of life. Typically, FGM is not included in the curriculums of doctoral or nursing training programmes and as a result the World Health Organisation has recommended that healthcare providers receive bespoke training to aid in the delivery of culturally sensitive and informed medical care. This proposed research will explore how FGM and the associated complications are currently managed in primary care by GPs and practice

nurses using survey and focus group methodologies. Findings will inform the development of effective primary care training programmes which will in turn improve the care received by women and girls with FGM.

## **RESEARCH QUESTION/BACKGROUND/OBJECTIVE/METHODS**

### **Research Question**

How aware are primary care practitioners of Female Genital Mutilation (FGM) and the associated physical and psychological complications?

### **Background**

Female Genital Mutilation (FGM) involves the partial or complete removal of the external female genitalia (World Health Organisation, WHO, 2008). FGM is illegal in many countries as it violates human rights. The procedure has no health benefits but can lead to uro-gynaecological, obstetric and psychological complications. FGM is prevalent among ethnic populations in Africa, Asia, the Middle East and South America and in recent years, as a result of migration, the prevalence and practice of FGM has become more prominent in the UK and other higher income countries (Balfour, Abdulcadir, Say & Hindin, 2016).

Despite an estimated 200 million women and girls living with FGM globally, it is not typically included in most of the under and post graduate medical training programmes for general practitioners or nurses. GPs and primary care practice nurses have a key role in providing informed care, which includes the identification and treatment of physical and psychological health consequences of FGM, as well recording the practice in patient medical notes and where appropriate, reporting the practice to relevant authorities (Abdulcador, Say & Pallitto, 2017).

The World Health Organisation (WHO, 2016) recommend that primary healthcare providers are trained to deliver evidence based, respectful and informed health information to women and girls with FGM. Exploring how often FGM presents in primary care and how primary healthcare staff (GPs and Nurses) currently manage FGM and the associated physical and psychological complications, and the type of support they need will inform the development of effective training programme for healthcare professionals.

### **Objectives**

- 1) To determine the current awareness of FGM in Primary Care
- 2) To explore with GPs and practice nurses their confidence in the identification and management of FGM and to identify the training needed to improve awareness and patient care

### **Methods**

This research project comprises of 3 stages;

#### **1) Rapid literature review**

A rapid literature review will examine the literature to explore the nature and causes of FGM, the prevalence of FGM, the frequency of the presentation of FGM in primary healthcare contexts, and any available current evidence on GP knowledge, attitude and practice (KAP) for FGM. The literature review will provide the material for the opening chapters of the candidate's thesis. The literature review will also inform the structure and content of the GP survey (stage 2), and semi structured topic guides to be used in the focus groups (stage 3). Ethics approval for stages 2 and 3 will be obtained by the supervisors, prior the candidate stating the MPhil.

#### **2) GP online survey**

A short survey will be developed to measure the frequency of GP exposure to FGM and their approach to the management of, FGM and its complications and the extent, if any, to which they have received training in the management of FGM. We will also assess GP confidence in diagnosing and managing FGM. The online survey will be conducted through 'SurveyMonkey', the web link to the online questionnaire will be distributed through existing using GP networks on Twitter (@GPwellbeing, @GP\_update, @GPonlinenews, @keeleGPSociety, @GPjournalclub and @GPEducation). The survey will take approximately 10-15 minutes to complete. Descriptive analysis will be used to report the data. If feasible, multi-level modelling will be used to identify areas where FGM may be more prevalent or areas where primary care training may be needed more urgently.

### 3) Focus groups

Two focus groups will be facilitated - one with GPs; one with practice nurses. Each focus group will consist of 8-10 participants. Semi-structured topic guides will be used to prompt discussion around participant's experience of FGM, their approach to management of any psychological or gynaecological complications and the type of training/support they feel would be beneficial to support their healthcare role. The audio from the focus groups will be recorded and later transcribed through a third party transcription service (The Transcription Company UK). Transcripts will be analysed using thematic analysis, guided by the recommendations of Braun and Clarke (2006).

The results from this short programme of work will inform future primary care training interventions/programmes for GPs and practice nurses who are engaging with women and girls with FGM.

### **PROPOSED STUDY TIMETABLE (outline the plan of work and when key events (e.g. first full draft of thesis, viva) will occur within the 12 month period)**

1-2 Rapid Review of the literature

2-3 Survey development

3-7 Data collection (Survey and focus groups)

8-9 Data analysis

10-11 Complete first draft of thesis for comments from supervisors (Chapter writing will occur over the full 12 months)

12 Submit final version of thesis

### **Research Training Plan** (provide detail on proposals for formal and informal training provision. Outline any additional costs (if any), and how these may be met.)

Attendance at a qualitative research methods module run by the iPCHS (November/December)

Attendance at systematic review workshops run by the iPCHS

Attendance at relevant journal clubs (e.g. social science); global health and mental health research programme meetings; internal and external seminars

Formal monthly meetings with supervisors; other meetings as and when necessary for further support.

### **Feasibility of the proposal as an Intercalated MPhil:** (What makes this a good Intercalated MPhil, provide detail on existing data/resources that will be accessed).

This is a feasible study for an intercalated MPhil. Data will be collected as part of the project, but Ethics Review Panel, Keele University approval will be in place prior to the start of the MPhil year (completed by the supervisors). The candidate will develop expertise in quantitative and qualitative

data collection techniques and methods of analysis. As well the opportunity to obtain an MPhil, the candidate will also get the opportunity to publish the research in a peer-reviewed journal and present an academic conference. The supervisory team have a range of methodological and research expertise to support the candidate.

## **References**

Abdulcador, J., Say, L. & Pallitto, C. (2017). What do we know about assessing healthcare students and professionals' knowledge, attitude and practice regarding female genital mutilation? A systematic review. *Reproductive Health*, 14(64), 1-13.

Balfour, J., Abdulcadir, J., Say, L. & Hindin, M. J. (2016). Interventions for healthcare providers to improve treatment and prevention of female genital mutilation: a systematic review. *BMC Health Services Research*, 16(409), 1-6.

Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

World Health Organisation, WHO, (2008). Eliminating female genital mutilation. An interagency statement OHCR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, NIFEM, WHO, 2008.

World Health Organisation Guidelines (2016). Approved by the Guidelines Review Committee. WHO Guidelines on the Management of Health Complications from Female Genital Mutilation Geneva. World Health Organisation Copyright ©; (WHO, 2016)