

# SITM: VULVAL DISEASE (VD)

## SECTION 1: CAPABILITIES IN PRACTICE

VD CiP 1: The doctor recognises and manages non-malignant disease affecting the vulva.	
Key Skills	Descriptors
Takes history, performs clinical examination and uses appropriate investigations to establish diagnosis	<ul style="list-style-type: none"> <li>• Takes a detailed history with, if relevant, a focus on psychosexual, continence, skin and pain issues.</li> <li>• Understand the common psychosexual sequelae</li> <li>• Carries out a general skin assessment and uses dermatology descriptors (e.g. ecchymosis, macule, ulcer).</li> </ul>
Is able to recognise and manage common and less common vulval disease and infections	<ul style="list-style-type: none"> <li>• Demonstrates a clear understanding of the differential diagnoses for vulval pain and itch.</li> <li>• Is able to identify:               <ul style="list-style-type: none"> <li>○ lichen sclerosus</li> <li>○ lichen planus</li> <li>○ lichen simplex</li> <li>○ vulval eczema</li> <li>○ psoriasis</li> <li>○ candida vulvitis</li> <li>○ lichen simplex</li> <li>○ vulvodynia</li> <li>○ HPV</li> <li>○ Herpes Simple Virus (HSV)</li> <li>○ Malignant and non-malignant vulval lesions and</li> <li>○ Vulval Intraepithelial Neoplasia (VIN) and Paget's disease</li> <li>○ Allergic contact dermatitis</li> <li>○ Irritant contact dermatitis</li> <li>○ Atrophic vaginitis</li> </ul> </li> <li>• Investigates patients appropriately (e.g. biopsy, sexually transmitted infection screen, microscopy and culture, patch testing).</li> <li>• Diagnoses and manages common vulval disease and discusses initial assessment, follow up, risk stratification and self-management strategies with patient and GP.</li> <li>• Is able to describe less common diseases and the problems associated with vulval disease.</li> <li>• Demonstrates an understanding of second line treatments (e.g. imiquimoid, tacrolimus).</li> <li>• Demonstrates understanding of the benefits and limitations of surgical refashioning procedures of the vulva (e.g. Z-plasty,</li> </ul>



	<p>Fenton's).</p> <ul style="list-style-type: none"> <li>Recognises that diagnoses can co-exist.</li> </ul>
Recognises and manages sexual and psychological dysfunction in the context of vulval disease	<ul style="list-style-type: none"> <li>Is able to provide basic psychosexual counselling (e.g. discussion of vaginal trainers for vaginismus).</li> </ul>
Recognises, assesses and plans initial management of pre-malignant disease of the vulva, vagina, perineum (include Paget's disease and uncertain pigmented lesions)	<ul style="list-style-type: none"> <li>Differentiates between malignant, premalignant and benign disease.</li> <li>Selects and counsels patients on initial medical, surgical options and the role of observational follow up (includes special scenarios, e.g. pregnancy).</li> <li>Explains the importance of follow-up consultations.</li> </ul>
Recognises and manages systemic diseases affecting the vulva	<ul style="list-style-type: none"> <li>Recognises features in the history and clinical signs.</li> <li>Looks for and recognises dermatological clues elsewhere on the body, e.g. oral and perianal disease.</li> <li>Plans and performs appropriate investigations, including investigations of related medical conditions.</li> </ul>
Recognises and manages chronic pain disorders affecting the vulva	<ul style="list-style-type: none"> <li>Counsels on treatment options available including the multidisciplinary approach.</li> <li>Counsels on the available drugs for pain management, the effectiveness, side effects and complications of treatment.</li> <li>Manages vulvodynia subgroups including poor responders to treatment.</li> </ul>
Is able to recommend or prescribe appropriate topical agents on the skin including emollients	<ul style="list-style-type: none"> <li>Counsels on the use of topical corticosteroids, lubricants, oestrogen and emollients.</li> </ul>
Manages vulval procedures and histological reports	<ul style="list-style-type: none"> <li>Is able to assess patients for vulval biopsies (excisional vs incisional, site, size, importance of including adequate histology information).</li> <li>Obtains appropriate written/verbal consent.</li> <li>Manages complications of surgery.</li> <li>Interprets histopathology reports and discuss appropriately.</li> </ul>
<b>Evidence to inform decision</b>	
<ul style="list-style-type: none"> <li>Reflective practice</li> <li>Attendance at vulval clinics</li> <li>Attendance at dermatology clinics</li> <li>Attendance at GUM clinic (female)</li> </ul>	<ul style="list-style-type: none"> <li>RCOG e-learning</li> <li>Attendance at vulval disease course</li> <li>NOTSS</li> <li>TO2 (including SO)</li> <li>Mini-CEX</li> </ul>

<ul style="list-style-type: none"> <li>• Attendance at sessions with vulval pathologist</li> <li>• Attendance at pain management clinics with relevant case mix</li> <li>• Attendance at women's health physiotherapy sessions with relevant case mix</li> <li>• Attendance at psychosexual therapy sessions with relevant case mix</li> <li>• Attendance at patch testing clinic</li> <li>• Local and Deanery Teaching</li> </ul>	<ul style="list-style-type: none"> <li>• CbD</li> <li>• OSATS:             <ul style="list-style-type: none"> <li>○ Excision of vulval lesion</li> </ul> </li> </ul>
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### Knowledge criteria

- Patient reported outcome measures
- The anatomy and physiology of the vagina and vulva and how it varies between prepubertal, reproductive and post-menopausal states (including female genital mutilation)
- Clinical photography – consent and governance
- The spectrum of pre-malignant disease and the genital tract to include multizonal disease
- Epidemiology, aetiology, diagnosis, prevention, management, prognosis, complications and anatomical considerations of pre-malignant conditions of the lower genital tract (with particular reference to VIN, Paget's disease and melanoma)
- Skin micro structure and pathology
- Examination techniques:
  - Biopsy techniques (incisional and excisional techniques)
  - Local anaesthetic properties
- The terms used to describe skin lesions (e.g. ecchymosis, macule, ulcer)
- Aetiology, epidemiology, natural history, associated medical conditions and prognosis of dermatoses, including:
  - Lichen sclerosus
  - Eczema
  - Contact dermatitis
  - Lichen planus
  - Psoriasis
  - Lichen simplex
- The manifestation of other dermatoses when affecting the vulval skin
- Topical agents on the vulva (e.g. emollients, benefits and risks of steroids)
- The difficulties of skin closure for different lesion sizes and different anatomical areas of the vulva
- The indication for local skin flaps to cover defects and when to liaise with plastic surgical colleagues
- Management of the complications of vulval disease, e.g. lichen sclerosus (fissuring and shrinkage of the introitus, clitoral cysts and phimosis, pain management)
- The differential diagnoses for vulval pain and pruritus vulvae
- The role of biopsy assessment in management
- The impact of comorbidities on vulval health, e.g. diabetes and immune suppression

- Available drugs for pain management, the effectiveness, side effects and complications of treatment
- Possible reasons for poor response to treatment
- Other pain syndromes, common pain pathways, modern neuropathic research findings and their influence on vulval pain
- The biopsychosocial model and its impact on clinical presentation
- Cancer waiting times and referral methods to gynaecological cancer team
- The female sexual response cycle and correlation with sexual dysfunction (e.g. vaginismus)

### VD CiP 2: The doctor has the communication and governance skills to set up, run and develop a multidisciplinary vulval service.

Key Skills	Descriptors
Demonstrates service development	<ul style="list-style-type: none"> <li>• Liaises with management teams and Clinical Commissioning Groups.</li> <li>• Has an understanding of financial considerations.</li> <li>• Participates in clinical governance experience.</li> <li>• Demonstrates involvement in quality improvement (to include data collection and analysis of outcomes?)</li> </ul>
Is able to be part of a multidisciplinary team	<ul style="list-style-type: none"> <li>• Liaises effectively with colleagues in other disciplines aligned to vulval disease (dermatology, genitourinary medicine, psychosexual medicine, pain management, physiotherapy, clinical psychology, sexual therapy gynaecological oncology, histopathology, oral medicine and urogynaecology).</li> </ul>
Develops clinical guidelines and patient information	<ul style="list-style-type: none"> <li>• Is familiar with sources of both written and web-based information.</li> <li>• Designs or adapts patient information for local use and understands local process.</li> <li>• Participates in writing protocols, clinical pathways, service development or evidence-based guidelines.</li> <li>• Establishes and/or enhances local clinical pathways.</li> <li>• Supports alignment of the vulval service to the national standards on vulval disease.</li> </ul>
Evidence to inform decision	
<ul style="list-style-type: none"> <li>• Reflective practice</li> <li>• Meeting attendance of the British Society for the Study of Vulval Disease</li> <li>• TO2 (including SO)</li> <li>• Mini CEX</li> <li>• CbD</li> </ul>	<ul style="list-style-type: none"> <li>• RCOG e-learning</li> <li>• Leadership questionnaire</li> <li>• Quality improvement project</li> <li>• Develops, enhances local clinical pathways</li> <li>• Attendance and presentation at vulval MDTs</li> </ul>

<ul style="list-style-type: none"> <li>• NOTSS</li> </ul>	
<b>Knowledge criteria</b>	
<ul style="list-style-type: none"> <li>• NHS service requirements and local procedures for service development / improvement.</li> <li>• Clinical governance issues in vulval skin services</li> <li>• The importance of the vulval multidisciplinary team and the different skills across different disciplines and roles, including:             <ul style="list-style-type: none"> <li>○ Dermatology</li> <li>○ GUM</li> <li>○ Pain management</li> <li>○ Physiotherapy</li> <li>○ Clinical psychology and / or sexual therapy</li> <li>○ Gynaecological oncology</li> <li>○ Histopathology</li> </ul> </li> <li>• National guidance on vulval disease</li> <li>• The role of guidelines audit (including the analysis of workload) and how this influences practice</li> <li>• The principles underlying evidence-based guidelines and audit and how they relate to patient outcome with vulval disease</li> </ul>	

## SECTION 2: PROCEDURES

Procedures marked with \* require 3 summative competent OSATS

<i>Procedures</i>	<i>Level by end of training</i>	<i>CIP 1</i>
Excision of vulval lesions under local or general anaesthetic with primary closure *	5	X

## SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

<b>Mapping to GPCs</b>
Domain 1: Professional values and behaviours Domain 2: Professional skills <ul style="list-style-type: none"> <li>• Practical skills</li> <li>• Communication and interpersonal skills</li> <li>• Dealing with complexity and uncertainty</li> </ul> Domain 3: Professional knowledge <ul style="list-style-type: none"> <li>• Professional requirements</li> <li>• National legislative structure</li> <li>• The health service and healthcare system in the four countries</li> </ul> Domain 5: Capabilities in leadership and team working Domain 6: Capabilities in patient safety and quality improvement

Domain 8: Capabilities in education and training  
Domain 9: Capabilities in research and scholarship

## SECTION 4: MAPPING OF ASSESSMENTS TO VD CiPs

VD CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor recognises and manages non-malignant disease affecting the vulva.	X	X	X	X	X	X
2: The doctor has the communication and governance skills to set up, run and develop a multidisciplinary vulval service.		X	X	X	X	X

## SECTION 5: RESOURCES (OPTIONAL)

<https://www.bashhguidelines.org/current-guidelines/all-guidelines/>

eLearning for Health Dermatology section/vulval disease <https://www.e-lfh.org.uk/programmes/dermatology/>

Standards of care for women with vulval conditions [https://www.pcc-cic.org.uk/sites/default/files/articles/attachments/standards of care vulval conditions report.pdf](https://www.pcc-cic.org.uk/sites/default/files/articles/attachments/standards_of_care_vulval_conditions_report.pdf)

<http://vulvovaginaldisorders.com> and online resources supported by the BSSVD

The 2015 International Society for the Study of Vulvovaginal Disease (ISSVD) Terminology of Vulvar Squamous Intraepithelial Lesions. <https://www.ncbi.nlm.nih.gov/pubmed/26942352>

2015 ISSVD, ISSWSH, and IPPS Consensus Terminology and Classification of Persistent Vulvar Pain and Vulvodynia. <https://www.ncbi.nlm.nih.gov/pubmed/27045260>

RCOG eLearning

The management of vulval itching caused by benign vulval dermatoses Nunns, Simpson, Watson, Murphy' 2017;19:307–15 The Obstetrician & Gynaecologist