

SITM: VULVAL DISEASE (VD)

SECTION 1: CAPABILITIES IN PRACTICE (CiP)

| VD CiP 1: The doctor recognises and manages non-malignant disease that affects the vulva. | |
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| Key skills | Descriptors |
| Takes history, performs a clinical examination and uses appropriate investigations to establish a diagnosis | <ul style="list-style-type: none"> • Takes a detailed history with, if relevant, a focus on psychosexual, continence, skin and pain issues. • Understands the common psychosexual sequelae. • Carries out a general skin assessment and uses dermatology descriptors (e.g. ecchymosis, macule and ulcer). |
| Is able to recognise and manage common and less common vulval disease and infections | <ul style="list-style-type: none"> • Demonstrates a clear understanding of the differential diagnoses for vulval pain and itch. • Investigates patients appropriately (e.g. biopsy, sexually transmitted infection screening, microscopy and culture, and patch testing). • Diagnoses and manages common vulval disease and discusses initial assessment, follow up, risk stratification and self-management strategies with a patient and their GP. • Is able to describe less common diseases and the problems associated with VD. • Demonstrates an understanding of second-line treatments (e.g. imiquimoid and tacrolimus). • Demonstrates understanding of the benefits and limitations of surgical refashioning procedures of the vulva (e.g. Z-plasty and Fenton's). • Recognises that diagnoses of vulval disease and infections can co-exist. |
| Recognises and manages sexual and psychological dysfunction in the context of vulval disease | <ul style="list-style-type: none"> • Is able to provide basic psychosexual advice (e.g. discussion of vaginal trainers for vaginismus). |
| Recognises, assesses and plans initial management of pre-malignant disease of the vulva, vagina, perineum (including Paget's disease and uncertain pigmented lesions) | <ul style="list-style-type: none"> • Differentiates between malignant, premalignant and benign disease. • Selects and can counsel patients about their initial medical, surgical options and the role of observational follow up (including special scenarios, e.g. pregnancy). • Explains the importance of follow-up for pre-malignant disease of the vulva, vagina and perineum. |

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| <p>Recognises and manages systemic diseases that affect the vulva</p> | <ul style="list-style-type: none"> • Recognises features and clinical signs of systemic disease that may affect the vulva in the clinical history. • Looks for and recognises dermatological clues elsewhere on the body, e.g. oral and/or perianal disease. • Plans and performs appropriate investigations, including investigations of related medical conditions. |
| <p>Recognises and manages chronic pain disorders that affect the vulva</p> | <ul style="list-style-type: none"> • Can counsel people about their treatment options, including a multidisciplinary approach. • Can counsel people about the available drugs for pain management, and the effectiveness, side effects and complications of treatment. • Manages vulvodynia subgroups, including poor responders to treatment. |
| <p>Is able to recommend or prescribe appropriate topical agents on the skin, including emollients</p> | <ul style="list-style-type: none"> • Can counsel people about using topical corticosteroids, lubricants, oestrogen and emollients. |
| <p>Manages vulval procedures and histological reports</p> | <ul style="list-style-type: none"> • Is able to assess patients for vulval biopsies (excisional vs incisional, site, size and importance of including adequate histology information). • Obtains appropriate written and verbal consent. • Manages complications of surgery. • Interprets histopathology reports and discusses them appropriately. |
| <p>Evidence to inform decision</p> | |
| <ul style="list-style-type: none"> • Reflective practice • Attendance at vulval clinics • Attendance at dermatology clinics • Attendance at female sexual health clinics • Attendance at sessions with vulval pathologist • Attendance at pain management clinics with a relevant mix of cases • Attendance at women's health physiotherapy sessions with a relevant mix of cases • Attendance at psychosexual therapy sessions with a relevant mix of cases • Attendance at a patch testing clinic • Local and deanery teaching | <ul style="list-style-type: none"> • RCOG Learning • Attendance at vulval disease course • NOTSS • TO2 (including SO) • Mini-CEX • CbD • OSATS: <ul style="list-style-type: none"> ○ excision of vulval lesion |
| <p>Knowledge criteria</p> | |

- 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, including 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 microstructure and pathology
- Examination techniques:
 - biopsy techniques (incisional and excisional techniques)
 - local anaesthetic properties
- The terms used to describe skin lesions (e.g. ecchymosis, macule and 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 which affect 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 surgeon colleagues
- Managing the complications of vulval disease, e.g. lichen sclerosus (fissuring and shrinking of the introitus, clitoral cysts and phimosis, and 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 for this
- 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 |
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| Demonstrates service development | <ul style="list-style-type: none">• Liaises with management teams and Integrated Care Boards (ICBs).• Has an understanding of the financial considerations that are needed to run a service.• Participates in related clinical governance.• Demonstrates involvement in quality improvement (including collecting data and analysing outcomes) |
| Is able to be part of a multidisciplinary team (MDT) | <ul style="list-style-type: none">• 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). |
| Develops clinical guidelines and patient information | <ul style="list-style-type: none">• Is familiar with sources of both written and web-based information.• Designs or adapts patient information for local use and understands local process.• Participates in:<ul style="list-style-type: none">○ writing protocols○ clinical pathways○ developing services○ develop evidence-based guidelines.• Establishes and/or enhances local clinical pathways.• Supports the alignment of the vulval service to the national standards on vulval disease. |
| Evidence to inform decision | |
| <ul style="list-style-type: none">• Reflective practice• Meeting attendance of the British Society for the Study of Vulval Disease (BSSVD)• TO2 (including SO)• Mini CEX• CbD• NOTSS | <ul style="list-style-type: none">• RCOG e-Learning• Leadership questionnaire• Quality improvement project• Develops and enhances local clinical pathways• Attendance and presentation at vulval MDTs |
| Knowledge criteria | |
| <ul style="list-style-type: none">• NHS service requirements and local procedures for developing or improving services• Clinical governance issues in vulval skin services• The importance of the vulval MDT and the different skills across different disciplines and roles, including:<ul style="list-style-type: none">○ dermatology○ GUM | |

- pain management
- physiotherapy
- clinical psychology
- gynaecological oncology
- histopathology
- National guidance on vulval disease
- The role of a guidelines audit (including the analysis of workload) and how this influences practice
- The principles underlying evidence-based guidelines and audit and how they relate to outcomes for patients with vulval disease

SECTION 2: PROCEDURES

Procedures marked with * require three 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: General Medical Council (GMC) GENERIC PROFESSIONAL CAPABILITIES (GPCs)

| <i>Mapping to GPCs</i> |
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| Domain 1: Professional values and behaviours Domain 2: Professional skills <ul style="list-style-type: none"> ● Practical skills ● Communication and interpersonal skills ● Dealing with complexity and uncertainty Domain 3: Professional knowledge <ul style="list-style-type: none"> ● Professional requirements ● National legislative structure ● The health service and healthcare system in the four countries 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 that affects 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)

1. Bornstein J, Bogliatto F, Haefner HK, Stockdale CK, Preti M, Bohl TG et al. The 2015 International Society for the Study of Vulvovaginal Disease (ISSVD) Terminology of Vulvar Squamous Intraepithelial Lesions. *Obstet Gynecol* 2016 Feb;127(2):264-8 [<https://www.ncbi.nlm.nih.gov/pubmed/26942352>].
2. Bornstein J, Goldstein AT, Stockdale CK, Bergeron S, Pukall C, Zolnoun D. 2015 ISSVD, ISSWSH, and IPPS Consensus Terminology and Classification of Persistent Vulvar Pain and Vulvodynia. *J Sex Med* 2016 Apr;13(4):607-12 [<https://www.ncbi.nlm.nih.gov/pubmed/27045260>].
3. British Association for Sexual Health and HIV [<https://www.bashhguidelines.org/current-guidelines/all-guidelines/>].
4. British Society for the Study of Vulval Disease and Royal College of General Practitioners. *Standards of Care for women with Vulval Conditions. 2013* [https://bssvd.org/wp-content/uploads/2020/10/Standards-of-Care_Vulval-Conditions-Report.pdf].
5. NHS England. eLearning for healthcare. Dermatology section/vulval disease [<https://www.e-lfh.org.uk/programmes/dermatology/>].
6. Nunns D, Simpson R, Watson A, Murphy R. The management of vulval itching caused by benign vulval dermatoses. *The Obstetrician & Gynaecologist*. 2017; 19:307–15 [<https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1111/tog.12438>].
7. RCOG Learning.
8. Vulvovaginal Disorders: A pathway to diagnosis and treatment [<http://vulvovaginaldisorders.com>].