

SITM: PAEDIATRIC AND ADOLESCENT GYNAECOLOGY (PAG)

SECTION 1: CAPABILITIES IN PRACTICE

PAG CiP 1: The doctor is able to assess children presenting with gynaecological problems during pre-puberty and adolescence.	
Key Skills	Descriptors
Takes an age appropriate history and performs clinical examination including genital assessment in a pre-pubertal girl	<ul style="list-style-type: none"> Ensures the appropriate involvement of carers or family members. Assesses pubertal status including Tanner stage. Appropriately manages the consultation when the child has neurodiversity issues, has learning difficulties or complex needs. Understands situations when a clinical examination is appropriate.
Takes an age appropriate history and performs clinical examination including genital assessment in an adolescent girl	<ul style="list-style-type: none"> Aware of the elements of a paediatric history Negotiates appropriate involvement of parents or carers in the consultation. Establishes rapport with adolescent and parents. Appropriately manages the consultation with an adolescent who has neurodiversity issues, has learning difficulties or complex needs. Understands situations when a clinical examination is appropriate.
Recognises the indicators of child sexual abuse and where safeguarding may be required	<ul style="list-style-type: none"> Identifies child at risk of sexual abuse and refers appropriately. Able to discuss possibility of sexual abuse in sensitive manner with parents. Child Protection training to level 1 and 2 and Safeguarding to level 3.
Evidence to inform decision	
<ul style="list-style-type: none"> Mini-CEX CbD Reflective practice 	<ul style="list-style-type: none"> TO2(including SO) Local and Deanery teaching RCOG Learning
Knowledge criteria	
<ul style="list-style-type: none"> Normal and abnormal puberty including precocious puberty Pre-pubertal conditions related to vulva and vagina Primary amenorrhoea Menstrual disorders in adolescence Menstruation management in adolescents with neurodiversity or learning difficulties Polycystic ovary syndrome and its evolution in adolescence 	

- Adolescent sexual health, teenage pregnancy and contraception
- Adolescent athletes and 'the athletic triad'
- The implications for childhood cancer survivors, including premature ovarian insufficiency and fertility issues
- Pelvic pain including endometriosis and non-gynaecological causes
- The investigation and management / appropriate referral of ovarian cysts or pelvic masses
- Congenital gynaecological anomalies - investigation and management
- Disorders of Sex Development (DSD) including the psychological implications of DSD (previously known as intersex) to encompass disclosure of karyotype, possible gender identity issues
- Gynaecological problems in those with other related congenital anomalies e.g. urological
- HPV vaccination programme in UK
- Practical and legal issues arising from female genital mutilation
- Child protection issues and child sexual abuse
- The principles of competence, capacity, confidentiality and consent

PAG CiP 2: The doctor appropriately manages vulval symptoms, vaginal discharge and abnormal bleeding during pre-puberty and adolescence.

Key Skills	Descriptors
Manages the care of girls with vulval symptoms	<ul style="list-style-type: none"> • Recognises normal and abnormal appearance of vulva in children. • Explains findings and agrees a suitable management plan based upon informed decision making.
Manages the care of girls with vaginal discharge	<ul style="list-style-type: none"> • Distinguishes normal and abnormal discharge. • Investigates and manages vaginal discharge. • Explains findings and agrees a suitable management plan based upon informed decision making.
Manages the care of girls with vaginal bleeding and menstrual disorders	<ul style="list-style-type: none"> • Distinguishes normal and abnormal bleeding. • Investigates and manages vaginal bleeding appropriately both in routine and emergency situations • Explains findings and agrees a suitable management plan based upon informed decision making.
Evidence to inform decision	
<ul style="list-style-type: none"> • NOTSS • TO2 (including SO) • Local and regional teaching • RCOG Learning • Reflective practice 	<ul style="list-style-type: none"> • OSATS: <ul style="list-style-type: none"> ○ Examination under anaesthetic and vaginoscopy • Mini-CEX • CbD

Knowledge criteria

- Pre-pubertal conditions related to vulva and vagina:
 - Vulvovaginitis
 - Vaginal bleeding
 - Labial adhesions
 - Lichen sclerosus
- Vulval skin problems in adolescents e.g. eczema, lichen sclerosus
- Other vulval pathology e.g. Lipschütz ulcers, herpes
- Body dysmorphia relating to vulval appearance
- Menstrual disorders in adolescence:
 - Menorrhagia
 - Dysmenorrhoea
 - Causes and management of primary amenorrhoea, oligomenorrhoea and secondary amenorrhoea
 - Menstruation suppression in adolescents with learning difficulties or neurodiversity
- Pelvic pain / endometriosis / non-gynaecological causes of pain in children
- Child protection issues and child sexual abuse
- The principles of competence, capacity, confidentiality and consent

PAG CiP 3: The doctor recognises and manages endocrine and congenital anomalies that impact upon puberty.

Key Skills	Descriptors
Manages the care of girls with endocrine anomalies that impact upon sexual development and menstruation	<ul style="list-style-type: none"> • Recognises, investigates and manages all causes of primary amenorrhoea. • Recognises, investigates, manages and counsels an adolescent presenting with virilisation at puberty. • Diagnoses and explains the management and impact of polycystic ovary syndrome, premature ovarian failure and less common endocrine disorders of sexual development such as androgen insensitivity syndrome. • Recognises eating disorders / effects of exercise / 'athletic triad' and high BMI
Manages the care of girls with congenital structural anomalies that may impact upon sexual development	<ul style="list-style-type: none"> • Discusses issues relating to sexual function and potential fertility options with an adolescent who has a known disorder of sexual development, including appropriate referral. • Performs examination of the shortened vagina and provides advice on vaginal dilation therapy.
Recognises the Disorders of Sexual Development (intersex)	<ul style="list-style-type: none"> • Develops an understanding of the psychological implications of DSD including disclosure of karyotype, possible gender identity issues.

	<ul style="list-style-type: none"> • Understands need for honesty and disclosure about the range of issues the condition raises for the patient and their family and is sensitive to the challenges these conditions pose for all involved. • Prescribes hormones. • Is sensitive to possibility of abuse.
Evidence to inform decision	
<ul style="list-style-type: none"> • Reflective practice • TO2 (including SO) • Local and regional teaching • RCOG e-learning 	<ul style="list-style-type: none"> • OSATS: <ul style="list-style-type: none"> ○ examination under anaesthetic ○ excision of imperforate hymen • Mini-CEX • CbD
Knowledge criteria	
<ul style="list-style-type: none"> • Normal and abnormal puberty including precocious puberty • The implications of precocious puberty and when referral is appropriate • Polycystic ovary syndrome and its evolution in adolescence: <ul style="list-style-type: none"> ○ Presentation ○ Investigation ○ Treatment ○ Diet and lifestyle issues • Effects of BMI and ‘the athletic triad’ • Congenital gynaecological anomalies - investigation and management • Disorders of Sex Development (DSD) including the psychological implications of DSD (also known as intersex) to encompass disclosure of karyotype, possible gender identity issues • The features and implications of Turner syndrome • The presentation and management of obstructive, septal or duplex Müllerian anomalies and Müllerian agenesis (Rokitansky syndrome) • Gynaecological problems in those with other related congenital anomalies e.g. urological • Psychological problems associated with a diagnosis of reproductive congenital anomaly • The effects of complex conditions on reproductive issues, e.g. a stoma impacting on sexual confidence as well as health implications for pregnancy • Understands the implications of gender dysphoria in children • The principles of competence, capacity, confidentiality and consent 	

PAG CiP 4: The doctor is able to assess and plan management of pre-pubescent children and adolescents with ovarian cysts and pelvic masses.	
Key Skills	Descriptors
Recognises abdominopelvic pathology	<ul style="list-style-type: none"> • Evaluates and manages the lower abdominal and pelvic mass presenting in pre-puberty or adolescence.
Evidence to inform decision	

<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice 	<ul style="list-style-type: none"> • TO2 (including SO) • Local and Deanery Teaching • RCOG Learning
Knowledge criteria	
<ul style="list-style-type: none"> • The investigation and appropriate referral of a pelvic mass • The implications for childhood cancer survivors, including premature ovarian insufficiency and fertility issues • Primary amenorrhoea • Congenital gynaecological anomalies • The principles of competence, capacity, confidentiality and consent 	

PAG CIP 5: The doctor provides safer sex, pregnancy and contraceptive advice tailored to adolescent sexual health.	
Key Skills	Descriptors
Provides appropriate contraceptive advice	<ul style="list-style-type: none"> • Takes sexual and contraceptive history from adolescents including those with complex chronic conditions, long-term illness and current health problems. • Discusses contraceptive choices, infection risks and sequelae, and safe sex.
Investigates and manages genitourinary tract infections	<ul style="list-style-type: none"> • Examines and investigates appropriately including screening and treatment for genital infections. • Manages persistent urinary symptoms.
Manages the disclosure of a planned or unplanned pregnancy	<ul style="list-style-type: none"> • Discusses all options for the pregnancy and makes appropriate referral or arrangements. • Respects confidentiality.
Evidence to inform decision	
<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice 	<ul style="list-style-type: none"> • TO2 (including SO) • Local and Deanery Teaching • RCOG Learning
Knowledge criteria	
<ul style="list-style-type: none"> • Adolescent sexual health and contraception • Gynaecological and sexual health in adolescents with chronic illness e.g. diabetes, learning difficulties/complex needs or other problems such as social deprivation • The advice, legal and consent issues around unplanned teenage pregnancy • Chronic pelvic pain • Child protection, safeguarding issues and child sexual abuse • The principles of competence, capacity, confidentiality and consent 	

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS

<i>Procedures</i>	<i>Level by end of training</i>	<i>CIP 2</i>	<i>CIP 3</i>
Examination under anaesthetic and vaginoscopy *	5	X	
Treatment of haematocolpos due to imperforate hymen *	4		X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

<i>Mapping to GPCs</i>
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 • Clinical skills (history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases) Domain 3: Professional knowledge <ul style="list-style-type: none"> • Professional requirements • National legislative requirements • The health service and healthcare systems in the four countries Domain 4: Capabilities in health promotion and illness prevention Domain 5: Capabilities in leadership and teamworking Domain 6: Capabilities in patient safety and quality improvement <ul style="list-style-type: none"> • Patient safety • Quality improvement

SECTION 4: MAPPING OF ASSESSMENTS TO PAG CiPs

PAG CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor is able to assess those presenting during pre-puberty and adolescence.		X	X		X	X



PAG CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
2: The doctor appropriately manages vulval symptoms, vaginal discharge and bleeding during pre-puberty and adolescence.	X	X	X	X	X	X
3: The doctor recognises and manages endocrine and congenital anomalies that impact upon puberty.	X	X	X		X	X
4: The doctor is able to assess and plan management of pre-pubescent children and adolescents with ovarian cysts and pelvic masses.		X	X		X	X
5: The doctor provides safer sex, pregnancy and contraceptive advice tailored to adolescent sexual health.		X	X		X	X