



Curriculum 2024 Guide for Special Interest Training Module (SITM): Paediatric and Adolescent Gynaecology (PAG)

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1. The Paediatric and Adolescent Gynaecology SITM

This SITM is aimed at learners with an interest in paediatric and adolescent gynaecology. Learners will learn how to assess and investigate gynaecology conditions that present during pre-puberty and adolescence. After completing the SITM, learners will be able to provide a comprehensive paediatric and adolescent gynaecology service, and recognise when referral to tertiary care is appropriate.

As the learner progresses through the SITM, they will obtain the knowledge and skills to manage a wide range of paediatric and adolescent problems. Learners will also participate in educational events to further develop their training.

Throughout training, learners will need to reflect on whether a project has gone well, learn from positive and negative experiences, and use this to improve their own skills.

Before signing off on this SITM, the Educational Supervisor will decide the level of supervision required for each Paediatric and Adolescent Gynaecology (PAG) Capability in Practice (CiP), and whether this has been met. More detail is provided in Section 5 of the [Special Interest Training Definitive Document](#).

2. Design of the SITM

The Paediatric and Adolescent Gynaecology 2024 SITM is made up of four PAG CiPs.

If undertaking the module full time, it is expected to take 12–18 months of training. However, this timeframe is indicative as training is entirely competency based.

Learners must complete a minimum of two SITMs to obtain a certificate of completion of training (CCT). They can undertake any obstetrics or gynaecology SITM as their second SITM, depending on whether they are aspiring to a combined obstetrics and gynaecology or gynaecology-only special interest post.

Here is the GMC-approved PAG SITM:

3. Capabilities in Practice (CiPs)

PAG CiP 1: The doctor is able to assess children presenting with gynaecological problems during pre-puberty and adolescence.

Key skills

Descriptors



<p>Takes an age-appropriate history and carries out a clinical examination, including a genital assessment in a pre-pubertal girl</p>	<ul style="list-style-type: none"> • Makes sure that carers or family members are involved when they assess children. • Assesses pubertal status including Tanner stage. • Appropriately manages a consultation with a child who has neurodiversity issues, learning difficulties or complex needs. • Understands when it is appropriate to carry out a clinical examination on a child.
<p>Takes an age-appropriate history and carries out a clinical examination, including a genital assessment in an adolescent girl</p>	<ul style="list-style-type: none"> • Is 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 a consultation with an adolescent who has neurodiversity issues, learning difficulties or complex needs. • Understands when it is appropriate to carry out a clinical examination on an adolescent girl.
<p>Recognises the indicators of child sexual abuse and where safeguarding may be needed</p>	<ul style="list-style-type: none"> • Identifies a child at risk of sexual abuse and refers appropriately in line with local safeguarding policy. • Is able to discuss possibility of sexual abuse in a sensitive manner with the child's parents. • Safeguarding to level 3.
<p>Evidence to inform decision – examples of evidence (not mandatory requirements)</p>	
<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
<p>Mandatory requirements</p>	
<p>No mandatory evidence</p>	
<p>Knowledge criteria</p>	
<ul style="list-style-type: none"> • Normal and abnormal puberty, including precocious puberty • Pre-pubertal conditions related to the vulva and vagina • Primary amenorrhoea • Menstrual disorders in adolescence • How to manage menstruation in adolescents with neurodiversity or learning difficulties • Polycystic ovary syndrome (PCOS) and its evolution in adolescence • Adolescent sexual health, teenage pregnancy and contraception • Adolescent athletes and Relative Energy Deficiency in Sport (RED-S) • The effects of cancer on children who survive it, including premature ovarian insufficiency and fertility issues • Pelvic pain, including endometriosis and non-gynaecological causes 	



- How to investigate and manage ovarian cysts or pelvic masses and when to refer someone
- How to investigate and manage congenital gynaecological anomalies
- Disorders of Sex Development (DSD), previously known as intersex, including the psychological implications on someone who has it, disclosing of karyotype and possible gender identity issues
- Gynaecological problems in those with other related congenital anomalies e.g. urological
- Human papillomavirus (HPV) vaccination programme in the 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, abnormal bleeding and pelvic mass 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 the vulva in children. • Explains findings to parents or carers and agrees a suitable management plan, based on informed decision making.
Manages the care of girls with vaginal discharge	<ul style="list-style-type: none"> • Distinguishes between normal and abnormal discharge. • Investigates and manages vaginal discharge. • Explains findings to parents or carers and agrees a suitable management plan, based on informed decision making.
Manages the care of girls with vaginal bleeding and menstrual disorders	<ul style="list-style-type: none"> • Distinguishes between normal and abnormal bleeding. • Investigates and manages vaginal bleeding appropriately, both in routine and emergency situations. • Explains findings to parents or carers and agrees a suitable management plan, based on informed decision making.
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 – examples of evidence (not mandatory requirements)

- | | |
|--|---|
| <ul style="list-style-type: none"> • NOTSS • TO2 (including SO) • Local and regional teaching • RCOG Learning • Reflective practice | <ul style="list-style-type: none"> • Mini-CEX • CbD |
|--|---|

Mandatory requirements

- OSATS:



- examination under anaesthetic and vaginoscopy

Knowledge criteria

- Pre-pubertal conditions related to the vulva and vagina:
 - vulvovaginitis
 - vaginal bleeding
 - labial adhesions
 - lichen sclerosus
- Vulval skin problems in adolescents e.g. eczema and lichen sclerosus
- Other vulval pathology e.g. Lipschütz ulcers and herpes
- Body dysmorphia relating to the appearance of the vulva
- 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 and non-gynaecological causes of pain in children
- Child protection issues and child sexual abuse
- 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 3: The doctor recognises and manages endocrine and congenital anomalies that affect puberty.

Key skills	Descriptors
Manages the care of girls with endocrine anomalies that impact on sexual development and menstruation	<ul style="list-style-type: none"> ● Recognises, investigates and manages all causes of primary amenorrhoea. ● Recognises, investigates and manages virilisation at puberty and can counsel an adolescent who has this condition. ● Diagnoses and explains the impact of and how to manage PCOS, premature ovarian insufficiency and less common endocrine disorders of sexual development, such as androgen insensitivity syndrome (AIS). ● Recognises the effects of eating disorders, exercise, RED-S and high body mass index on sexual development and menstruation.



<p>Manages the care of girls with congenital structural anomalies that may have an impact on their sexual development</p>	<ul style="list-style-type: none"> • Discusses issues relating to sexual function and potential fertility options with an adolescent who has a known DSD, including appropriate referral. • Performs examination of the shortened vagina and provides advice on vaginal dilation therapy.
<p>Recognises DSD</p>	<ul style="list-style-type: none"> • Develops an understanding of the psychological implications of DSD including disclosing karyotype and possible gender identity issues. • Understands the need for honesty and disclosure about the range of issues the condition raises for the patient and their family. Is sensitive to the challenges these conditions pose for all involved. • Prescribes hormones to a patient with DSD. • Is sensitive to the patient’s increased risk of abuse
<p>Evidence to inform decision – examples of evidence (not mandatory requirements)</p>	
<ul style="list-style-type: none"> • Reflective practice • TO2 (including SO) • Local and regional teaching • RCOG Learning 	<ul style="list-style-type: none"> • Mini-CEX • CbD
<p>Mandatory requirements</p>	
<ul style="list-style-type: none"> • OSATS: <ul style="list-style-type: none"> • Treatment of haematocolpos due to imperforate hymen 	
<p>Knowledge criteria</p>	
<ul style="list-style-type: none"> • Normal and abnormal puberty, including precocious puberty • The effects of precocious puberty and when it is appropriate to refer to another professional • PCOS and its evolution in adolescence, including: <ul style="list-style-type: none"> ○ how it presents ○ how to investigate it ○ how to treat it ○ how diet and lifestyle issues can affect it • Effects of BMI and RED-S • 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 having an impact on sexual confidence, as well as health implications for pregnancy • Understands the implications of gender dysphoria in children 	



PAG CiP 4: The doctor provides advice that is tailored to adolescents on safe sex, pregnancy and contraception.	
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 the adolescent appropriately, including carrying out screening and treating 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 an appropriate referral or arrangements. • Respects confidentiality of the adolescent.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<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
Mandatory requirements	
No mandatory evidence	
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 	

4. GMC Generic Professional Capabilities (GMCs)

The key skills in the PAG CiPs also map to a variety of [generic professional capabilities](#) (GPCs). When providing evidence of their progress in this SITM, learners should make sure

that it also displays progress/capability in the GMC GPCs, such as dealing with complexity, teamwork and leadership, and knowledge of patient safety issues.

Mapping to the GPCs

Domain 1: Professional values and behaviours

Domain 2: Professional skills

Domain 3: Professional knowledge

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and team-working

Domain 6: Capabilities in patient safety and quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

Learners can expect to be assessed on their wider skills as a medical professional, their skills in leadership and teamwork, and their level of clinical competence. Evidence showing progress in these areas will result in the learner progressing through the SITM.

To help learners and Educational Supervisors determine what acceptable progress looks like, there is a Statement of Expectations for each PAG CiP.

	Statement of Expectations for the PAG SITM
Meeting expectations for the PAG CiP1	Learners are meeting expectations and can perform an age appropriate history and examination, across the range of gynaecology conditions that affect pre-pubescent and teenage girls. Learners can evidence putting their training in child protection to level 3 into practice.
Meeting expectations for the PAG CiP2	Learners are meeting expectations and can competently manage vulval symptoms, vaginal discharge, bleeding and menstrual disorders specific to pre-puberty and adolescence. Learners can independently assess and formulate a differential diagnosis for a pelvic mass presenting in this group. They are able to explain their findings to the patient, conveying what this means for treatment. They can recognise when further investigations are required and refer on appropriately.
Meeting expectations for the PAG CiP3	Learners are meeting expectations and can manage endocrine and congenital anomalies that affect puberty. They know their own limitations and when to involve the multidisciplinary team and tertiary care.



Meeting expectations for the PAG CiP4

Learners are meeting expectations and are able to offer advice on safer sex, pregnancy and contraception choices tailored to the patient’s circumstances. They have the highest level of professionalism for consultations, in which competence, capacity, confidentiality and consent are all critical factors.

The CiP knowledge criteria show the processes/frameworks a learner should understand and the clinical knowledge they must have if they want to work in paediatric and adolescent gynaecology. This is more in-depth than the knowledge base expected for the MRCOG. The key skills and descriptors outline the expected learning outcomes for the SITM. However, learners will not experience the entire range of possible scenarios during their training for this SITM; therefore, after completing the module they should continue their learning and skill development through their independent practice as a Paediatric and Adolescent Gynaecology special interest doctor and at multidisciplinary team (MDT) meetings.

5. Procedures associated with the PAG CiPs

The procedures required to complete this SITM are listed below. A learner can show progress in these procedures through OSATS, procedure logs, and other forms of evidence.

If a procedure is marked with *, the learner will require three summative competent OSATS to demonstrate the level of competency needed to complete the SITM.

Procedures	Level by end of training	CiP2	CiP3
Examination under anaesthetic and vaginoscopy*	5	X	
Treatment of haematocolpos due to imperforate hymen*	5		X

The ‘level by end of training’ corresponds to the levels of entrustability defined in Section 5.4 of the [Special Interest Training Definitive Document](#). Level 5 indicates that a learner should be able to perform the procedure independently.

OSATS are not assigned a level of entrustability, rather they are assessed as being *competent* or *working toward competence*. The entrustability levels here are given to guide the assessor in judging whether the learner has reached the required degree of independence at the end of training.

6. Evidence required

As learners progress through SITM training, they are expected to collect evidence that demonstrates development and acquisition of the key skills, procedures and knowledge.



This evidence will be reviewed by the SITM Educational Supervisor when they are making their assessment for each CiP. Examples of types of evidence a learner may use to show progress in the SITM are given below. **Please note that this list shows possible, not mandatory, types of evidence** (see Section 5.6 in the [Special Interest Training Definitive Document](#) for more detail).

If workplace-based assessments are listed, then at least one must be presented as evidence. The emphasis should be firmly on the **quality** of evidence, not the quantity.

• Objective Structured Assessment of Technical Skills (OSATS) (mandatory)	• Case presentations
• Case-based discussions (CbD)	• Quality improvement activity
• Mini-Clinical Evaluation Exercise (Mini-CEX)	• Certification of training courses
• NOTSS	• Attendance at relevant meetings
• Reflective practice	• Participation at QA visits
• Team observation (TO2), including self-observation (SO)	• British Society for Colposcopy and Cervical Pathology/RCOG Accreditation
• Local, Deanery and National Teaching	• Attendance at recommended British Society of Vulval Disorder Courses
• RCOG (and other) eLearning	• Relevant publication
• Procedural log	

The table below may be useful for learners to see whether a specific workplace-based assessment can be used as evidence of progress in a specific PAG CiP:

PAG CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
1: The doctor is able to assess children presenting with gynaecological problems during pre-puberty and adolescence.		X	X		X	X
2: The doctor appropriately manages	X	X	X	X	X	X



PAG CiP	OSATS	Mini-CEX	CbD	NOTSS	TO1/TO2	Reflective practice
vulval symptoms, vaginal discharge, abnormal bleeding and pelvic mass during pre-puberty and adolescence.						
3: The doctor recognises and manages endocrine and congenital anomalies that affect puberty.	X	X	X		X	X
4: The doctor provides advice that is tailored to adolescents on safe sex, pregnancy and contraception.		X	X		X	X

7. Career guidance

Learners can only undertake two SITMs at any one time, and a minimum of two SITMs are required to obtain a CCT in obstetrics and gynaecology. Learners can undertake any obstetrics or gynaecology SITM with the PAG SITM. The choice of second SITM depends on whether a learner is aspiring to a combined obstetrics and gynaecology or gynaecology-only special interest career. However, this will also depend on the training opportunities available for their chosen SITMs.

For further career advice, learners should have a discussion with their SITM Director.

8. Further resources

The further resources listed below can be found on the [RCOG Curriculum 2024 webpages](#):

- [Essential Curriculum Guide](#)
- [Special Interest Training Definitive Document](#) (containing the 2024 curricula for SITMs and SIPMs)
- [British Society for Paediatric and Adolescent Gynaecology \(BritSPAG\)](#)



- [British Society for the Study of Vulval Disease \(BSSVD\)](#)

Find out more at
rcog.org.uk/curriculum2024



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