



Key:

Common competency framework competencies Medical leadership framework competencies Health inequality framework competencies

Paediatric and Adolescent Gynaecology (2016) as approved by GMC on 17 May 2016

Introduction:

It is increasingly recognised that paediatric and adolescent gynaecology is an area with specific training requirements. Gynaecologists working in this area must have the skills necessary to deal with young patients and their families. Adolescents make up a significant and rising proportion of the UK population. It is clear that adolescents have specific requirements for physical and mental health needs. Adolescence is a time of emotional and physical change; gynaecological and sexual health problems are common.

This ATSM is designed to:

1. Provide individuals with the knowledge and skills that will enable them to competently investigate and manage general gynaecological problems in children and adolescents.
2. Include training in the broader aspects of teenage sexual health that may impact directly on gynaecological well-being.
3. Include training in the initial diagnosis and assessment of rare conditions including congenital anomalies of the female genital tract and disorders of sex development.
4. Aims to provide the Doctor with the necessary skills to lead a paediatric and adolescent gynaecology service in a district general hospital

The ATSM must be undertaken under the supervision of an identified preceptor who is skilled in the management of paediatric and adolescent gynaecology. A minimum of two sessions a week should be devoted to the ATSM.

Attendance at a suitable theoretical course is **compulsory** and the British Society for Paediatric and Adolescent Gynaecology (www.britspag.org) can advise on the suitability of courses; the BRITSPAG annual conference is a highly recommended option. Alternative courses could include the European and North American conferences. Trainees should attend a level two course on child protection and the majority of NHS Trusts provide this in-house.

The trainee should be involved in developing a Quality Improvement Initiative related to the ATSM by way of any of the following: developing, revising and implementing a guideline; reviewing and producing a summary output / presentation of a national document; involvement in service development in the area; an appropriate audit project

Use of other methodologies ('OM') is sometimes required to facilitate competence sign-off during ATSM training. 'OM' is not meant to replace exposure to clinical and other direct training opportunities. Detailed advice on use of 'OM' for facilitating sign off can be found at:

<http://www.rcog.org.uk/education-and-exams/curriculum/core-curriculum/guidance-sign-other-methodologies-om>

This ATSM has a work intensity score of 1.0. A minimum of 1 session per week should be devoted to the ATSM. The stipulation of 1 session is to give trainees and trainers an understanding of the expected time needed to complete this ATSM. It should be completed in 12 – 18 months



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Learning outcomes:

To develop the knowledge, skills and attitudes required to work with children and adolescents with gynaecological problems.

Knowledge criteria	GMP	Clinical competency	GMP	Professional skills and attitudes	GMP	Training support	Evidence/assessment
<p>Communication</p> <p>Normal and abnormal puberty including precocious puberty</p> <p>Pre-pubertal conditions</p> <ul style="list-style-type: none"> - Vulvovaginitis - Vaginal bleeding - Labial adhesions - Lichen sclerosus <p>Primary Amenorrhoea</p> <p>Menstrual disorders in adolescence</p> <ul style="list-style-type: none"> - Menorrhagia - Dysmenorrhoea - Oligomenorrhoea and Secondary amenorrhoea <p>Menstruation in adolescents with learning difficulties</p> <p>Polycystic ovary syndrome and its evolution in adolescence</p> <ul style="list-style-type: none"> - Presentation - Investigation - Treatment - Diet and Lifestyle issues <p>Adolescent sexual health and contraception</p>	1,3	<p>Take a history and perform appropriate clinical examination including genital examination and swab</p> <p>Have awareness of child protection issues and referral pattern</p> <p>Ability to perform examination under anaesthetic and vaginoscopy</p> <p>Understand normal puberty and Tanner staging</p> <p>Take history and appropriate examination to assess pubertal status</p> <p>Take appropriate history and examination Instigate investigations Determine likely diagnosis and appropriate referral/follow-up</p> <p>Take history and appropriate examination Determine appropriate investigations Assess need for imaging/laparoscopy Discuss treatment options</p> <p>Discuss options for menstrual management in girls with learning difficulties. Discuss and arrange relevant haematological tests in non-responders</p> <p>Appropriate history and examination Initiate investigations Understand treatment options Understand weight implications Understand not all cases of PCOS are associated with high BMI</p> <p>Take history and appropriate examination</p>	1,2,3,4	<p>Effective communication with young children, adolescents, those with learning disabilities and parents</p> <p>Establish rapport with child and parents Prepare child for examination and perform examination Discuss possibility of sexual abuse in sensitive manner with parents</p> <p>Understand implications of precocious puberty and when referral appropriate</p> <p>Aware of common and rare causes Initial sensitive discussion with family about possible diagnoses</p> <p>Establish rapport with adolescent and parents Understand competence, capacity, confidentiality and consent</p> <p>Engage adolescents with learning difficulties and parents, establish effects of menstruation on patient, determine suitable options in particular situation Sensitively discuss diagnosis and implications for long term health and fertility Address life style issues non-judgementally and helpfully</p> <p>Demonstrate ability to recognise adolescent at risk of genital</p>	1,2,3,4	<p>http://e-lfh.org.uk/projects/shared-decision-making/</p> <p>Attendance at paediatric gynaecology clinic Attendance at paediatric gynaecology operating list Child protection courses level 1 and 2</p> <p>Attendance at paediatric dermatology clinic recommended</p> <p>Recommended reading list Attendance at paediatric endocrinology clinic Attendance at adolescent gynaecology clinic</p> <p>Recommended reading list Attendance at adolescent gynaecology clinic and gynae/endocrine clinic</p> <p>Attendance at adolescent gynaecology clinic. Child protection course level 1 and 2 Recommended reading list Attendance at adolescent gynaecology clinic (endocrine or PCO clinic if available) Attendance at eating disorders clinic recommended Recommended reading Attend young person's</p>	<p>OSAT for communication with prepubertal child and with adolescent t</p> <p>Observed clinical consultation with mini CEX OSATS for EUA/Vaginoscopy Clinical case logbook</p> <p>CbD for paediatric vulval dermatological conditions OSAT for Tanners staging</p> <p>Observed consultation Mini CEX Clinical Case logbook</p> <p>observed consultation Mini CEX Clinical Case Logbook CbD</p> <p>Observed consultation Mini CEX Clinical case Logbook</p> <p>Clinical Case Logbook Mini CEX</p> <p>Clinical Case Logbook</p>



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<p>Gynaecological and sexual health in adolescents with other chronic illness e.g. diabetes, learning difficulties/complex needs and other problems such as social deprivation</p> <p>Unplanned teenage pregnancy including counselling, advice, legal and consent issues (Active participation in the termination process is not compulsory)</p> <p>Adolescent athletes & the athletic triad</p> <p>Childhood cancer survivors; premature ovarian insufficiency & fertility issues</p>	1	<p>Sexual health screen Discuss infection risks and sequelae and safe sex Aware of contraceptive services available to young people Understand different methods and suitability for adolescent patients Discuss appropriate choices, side effects and adverse effects – particularly with LARC such as Mirena and Depot Injection Perform appropriate investigations e.g Chlamydia screening</p> <p>Take history and appropriate investigation Understand impact of illness and medication upon contraceptive methods and methods on illness.</p> <p>History and clinical examination including assessment of gestation Sexual health screen Discuss options Make appropriate arrangements Arrange antenatal booking or termination.</p> <p>History and appropriate examination Refer to appropriate services</p> <p>History and appropriate examination Organise investigation Risks and benefits of HRT in young women – counselling about the need for HRT in order to prevent long-term consequences of being oestrogen deficient such as osteoporosis and cardiovascular health Appropriate referral for counselling for potential fertility options</p>	1,2,3,4	<p>infection and pregnancy Sensitive counselling about options Understand confidentiality and consent Importance of talking to adolescent without parents Sensitive non-directional counselling Confidentiality and consent Clear explanation of procedures Aware of child protection issues including consensuality and exploitation.</p> <p>Recognise possibility of eating disorder and discuss with patients and parents</p> <p>Demonstrate ability to recognise adolescent at risk of genital infection and pregnancy Sensitive counselling about options</p> <p>Sensitive discussion on eating and exercise pattern</p> <p>Understand implications of childhood cancer on fertility, menstruation and psychosexual Need for oestrogen replacement Potential for fertility</p> <p>Discuss implications with patient and parents</p>	1,2,3,4	<p>sexual health clinic Adolescent gynaecology clinic Young person’s sexual health clinic</p> <p>Recommended reading Attend adolescent gynaecology clinic Recommended reading list</p> <p>Attend termination clinic Child protection courses level 1 and 2</p> <p>Specialist fertility clinic Adolescent gynaecology clinic</p> <p>Recommended reading list Clinical observation</p> <p>Paediatric gynaecology clinic</p>	<p>CbD CbD Clinical Case Logbook</p> <p>CbD Clinical Case Logbook</p> <p>CbD Clinical Case Logbook</p> <p>CbD Clinical Case Logbook</p> <p>Mini CEX Clinical Case Logbook CbD</p>



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Investigation and appropriate referral of a pelvic mass	1,2	History and examination Organise imaging and tumour markers if necessary Organise surgery or referral	1,2,3,4	Aware of need for oncology referral if malignant	1,2,3,4		CbD Clinical Case Logbook
Evaluation of persistent urinary symptoms and appropriate referral		History and appropriate examination Urinary diary and urine culture Refer to urogynaecology.		Sensitive discussion with patient and parents Appreciate child's embarrassment and family disruption Reassure and refer as necessary			Mini CEX CbD Clinical Case Logbook
Congenital gynaecological anomalies including Disorders of Sex Development (Intersex)		History and appropriate examination Arrange blood tests and initial imaging Refer to specialty centre		Careful and sensitive assessment of patient with parents Patient may be new presentation or known to paediatric services – involve patient in decisions, ascertain age-appropriate understanding and information required at the various stages of treatment		Recommended reading Attend specialised multidisciplinary clinic Turner's clinic if available Visit patient support group web sites	CbD Clinical case logbook
An understanding of the psychological implications of DSD (intersex) including disclosure of karyotype, possible gender identity issues		Discuss results and condition sensitively and openly Involvement of multidisciplinary team which must include psychologist		Aware of distress caused by DSD especially implications of XY karyotype Understand need for honesty and disclosure the range of issues the condition raises for the patient and her family – need to be aware of, and moreover, sensitive to, the challenges these conditions pose for all involved		Attend vaginal dilation session with specialist nurse Attend psychology session in DSD MDT clinic Attendance at 2 DSD MDT with psychologist input	CbD Clinical case logbook Attendance certificate
Chronic pelvic pain		Tanner's staging		Aware of difficulties complex conditions have on reproductive issues e.g. effect of a stoma on sexual confidence as well as health implications for pregnancy Prescribing hormones Be sensitive and aware of possibility of abuse;		Attendance at chronic pelvic pain clinic; if possible, attend paediatric gastroenterology clinic to learn management of constipation, IBS	
Gynaecological problems in those with other related congenital anomalies e.g. urological		History, examination, investigations, treatments and organising appropriate referrals		Be culturally sensitive		Attend specialised multidisciplinary clinic with psychology input Visit patient support group	
		History and examination Liaison with appropriate speciality Understand impact of condition on sexual function, contraception and fertility and psycho-socio impact and psycho-socio aspects of these conditions					



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<p>Female genital mutilation in children and young women -practical and legal issues</p> <p>Consent and confidentiality</p> <p>Child protection issues and child sexual abuse</p>	1,2	<p>Ask about FGM appropriately</p> <p>Perform genital examination</p> <p>Where appropriate to assess type of FGM, potential health implications and need for deinfibulation</p> <p>Appropriate referral for treatment of FGM</p> <p>Understand competence, consent and confidentiality in children and adolescents</p> <p>Identify child at risk of child sexual abuse and refer appropriately</p> <p>Aware of confidentiality and when it can be broken</p>	1,2,3,4	<p>Understand serious health implications</p> <p>Critical of procedure of FGM but not judgemental of patient</p> <p>Child protection issues</p> <p>Aware of the legal aspects of FGM/child protection</p> <p>Aware of Gillick competence and Fraser Guidelines</p> <p>Understand when can break confidence</p> <p>Understand refusal to treatment issues in children and adolescents under age of consent</p> <p>Able to ask appropriate questions of child/adolescent and discuss sensitively with parent</p> <p>Familiar with conclusion of Laming report and relevant GMC guidance</p>	1,2,3,4	<p>websites.</p> <p>Adolescent gynaecology clinic</p> <p>Attend African Women’s Clinic (FGM)</p> <p>Recommended reading list and websites</p> <p>Complete online training on FGM</p> <p>Recommended reading list</p> <p>Attend Child Protection course level 1 and 2</p> <p>Safeguarding level 3 training</p> <p>Attendance at SARC (paediatric) peer review meetings</p> <p>Recommended reading list and Laming report</p>	<p>CbD</p> <p>Clinical case logbook</p>



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	Level 1		Level 2		Level 3		<input type="checkbox"/>
	Date	Signature	Date	Signature	Date	Signature	
History and Examination							
Take a history from a pre-pubertal girl and family							
Undertake appropriate clinical examination including genital assessment in pre-pubertal girl							
Take a history from adolescent and her family							
Appropriately manage a consultation with carers and child with learning difficulties/complex needs							
Appropriately manage a consultation with carers and adolescent with learning difficulties/complex needs							
Undertake appropriate clinical examination including genital assessment in an adolescent girl							
Assess pubertal status including Tanner stage							
Problems in puberty							
Investigation and management of vaginal bleeding in a pre-pubertal girl							
Investigate and manage heavy menstrual bleeding in an adolescent							
Investigate and manage dysmenorrhoea in an adolescent							



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	Level 1		Level 2		Level 3		<input type="checkbox"/>
	Date	Signature	Date	Signature	Date	Signature	
Take a history and perform appropriate clinical examination and arrange initial investigations for an adolescent with the following causes of primary amenorrhoea:							
• Polycystic ovary syndrome							
• Turners syndrome							
• Premature ovarian failure							
• Athletic triad/ eating disorder							
• Obstructive mullerian anomaly							
• Mullerian agenesis (Rokitansky syndrome)							
• Disorder of sex development (e.g. androgen insensitivity syndrome or related conditions).							
Congenital anomalies							
Take a history and perform appropriate clinical examination with initial investigations and referral in the following situations:							
• An adolescent presenting with an obstructive • Mullerian anomaly							
• An adolescent presenting with virilisation at puberty							
Discuss issues relating to sexual functioning and potential fertility options with an adolescent with a known disorder of sex development including appropriate referral							



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	Level 1		Level 2		Level 3		
	Date	Signature	Date	Signature	Date	Signature	
Examination of the shortened vagina and assessment for vaginal dilation therapy							
Instruction on vaginal dilator programme							
Specialised investigation and treatment							
Evaluation of vaginal bleeding in pre-pubertal girl							
Investigation for foreign body in pre-pubertal girl							
Examination under anaesthetic and vaginoscopy							
Evaluation of persistent urinary symptoms and appropriate referral							
Evaluation of pelvic mass and appropriate referral							
Evaluation and management of ovarian cysts in children and adolescents							
Excision of vaginal septum							
Assessment of female genital mutilation including a. Type of FGM b. Appropriate referral for treatment of FGM and timing of procedure c. Child or family member at risk of future FGM							



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	Level 1		Level 2		Level 3		<input type="checkbox"/>
	Date	Signature	Date	Signature	Date	Signature	
Teenage sexual health							
Take a sexual and contraceptive history from adolescent							
Appropriate examination and investigation including screening for genital infections							
Take sexual and contraceptive history from adolescent with complex chronic condition/illness							
Discuss contraceptive choices a. Healthy Adolescent b. Adolescent with long-term illness/health problem							
Discuss choices with adolescent with an unplanned pregnancy							
Discuss choices for pregnancy and make appropriate referral or arrangements							



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Training Courses or sessions		
Title	Signature of educational supervisor	Date

Quality Improvement Initiative (one of the following below should be fulfilled)		
Title	Signature of educational supervisor	Date
Patient information leaflet		
Quality Improvement Project / service evaluation		
Care pathway / protocol / guideline		
Teaching sessions: juniors / medical students /peers on PAG		



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Authorisation of signatures (to be completed by the clinical trainers)	
Name of clinical trainer (please print)	Signature of clinical trainer