



Paediatric and Adolescent Gynaecology

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.

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.

Learning outcomes:

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

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ Assessment
Normal and abnormal puberty including precocious puberty	Take a history and perform appropriate clinical examination including genital examination and swab.	Establish rapport with child and parents. Prepare child for examination and perform examination. Discuss possibility of sexual abuse in sensitive manner with parents.	Attendance at paediatric gynaecology clinic. Attendance at paediatric gynaecology operating list. Child protection courses level 1 and 2.	Observed clinical consultation with mini CEX OSATS for EUA/Vaginoscopy Clinical case logbook
Pre-pubertal conditions <ul style="list-style-type: none"> - Vulvovaginitis - Vaginal bleeding - Labial adhesions 	Have awareness of child protection issues and referral pattern. Ability to perform examination under anaesthetic and vaginoscopy	Understand implications of precocious puberty and when referral appropriate.	Recommended reading list. Attendance at paediatric endocrinology clinic Attendance at adolescent gynaecology clinic.	CbD
Primary Amenorrhoea	Understand normal puberty and Tanner staging. Take history and appropriate examination to assess pubertal status. Take appropriate history and examination. Instigate investigations. Determine likely diagnosis and appropriate referral/follow-up.	Aware of common and rare causes. Initial sensitive discussion with family about possible diagnoses.	Recommended reading list Attendance at adolescent gynaecology clinic and gynae/endocrine clinic.	Observed consultation Mini CEX Clinical Case logbook
Menstrual disorders in adolescence <ul style="list-style-type: none"> - Menorrhagia - Dysmenorrhoea 	Take history and appropriate examination. Determine appropriate investigations. Assess need for imaging/laparoscopy. Discuss treatment options	Establish rapport with adolescent and parents. Understand competence, capacity, confidentiality and consent.	Attendance at adolescent gynaecology clinic. Child protection course level 1 and 2. Recommended reading list	Observed consultation Mini CEX Clinical Case Logbook
	Appropriate history and examination. Initiate investigations. Understand treatment options. Understand weight implications.	Sensitively discuss diagnosis and implications for long term health and fertility. Address life style issues non-judgementally and helpfully.	Attendance at adolescent gynaecology clinic (endocrine	Observed consultation Mini CEX

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ Assessment
<p>Polycystic ovary syndrome and its evolution in adolescence</p> <ul style="list-style-type: none"> - Presentation - Investigation - Treatment - Lifestyle issues 			or PCO clinic if available).	Clinical case Logbook
Adolescent sexual health and contraception	<p>Take history and appropriate examination. Sexual health screen. Discuss infection risks and sequelae and safe sex. Aware of contraceptive services available to young people.</p> <p>Understand different methods and suitability for adolescent patients. Perform appropriate investigations e.g Chlamydia screening</p>	<p>Demonstrate ability to recognise adolescent at risk of genital infection and pregnancy. Sensitive counselling about options.</p> <p>Understand confidentiality and consent. Importance of talking to adolescent without parents.</p>	<p>Recommended reading. Attend young persons sexual health clinic</p>	Clinical Case Logbook Mini CEX
Gynaecological and sexual health in adolescents with other chronic illness e.g. diabetes and other problems such as social deprivation	<p>Take history and appropriate investigation. Understand impact of illness and medication upon contraceptive methods.</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>Sensitive non-directional counselling. Confidentiality and consent. Clear explanation of procedures. Aware of child protection issues.</p> <p>Sensitive discussion on eating and exercise pattern. Recognise possibility of eating disorder and discuss with patients and parents.</p>	<p>Adolescent gynaecology clinic Young persons sexual health clinic</p>	Clinical Case Logbook CbD
Unplanned teenage pregnancy including counselling, advice, legal and consent issues (Active participation in the termination process is not compulsory)	<p>History and appropriate examination Refer to appropriate services.</p>	<p>Understand implications of childhood cancer on fertility, menstruation and psychosexual. Need for oestrogen replacement. Potential for fertility.</p>	<p>Attend termination clinic Child protection courses level 1 and 2.</p>	CbD Clinical Case Logbook
Adolescent athletes & the athletic triad	<p>History and appropriate examination. Organise investigation. Risks and benefits of HRT in young women. Appropriate referral for fertility</p>	<p>Discuss implications with patient and parents. Aware of need for oncology referral if malignant. Aware of minimal access conservative options if</p>	<p>Recommended reading Attend adolescent gynaecology clinic</p>	CbD Clinical Case Logbook
			Recommended reading list	

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ Assessment
Childhood cancer survivors; premature ovarian failure & fertility issues	History and examination. Organise imaging and tumour markers if necessary. Organise surgery or referral.	non-malignant. Sensitive discussion with patient and parents. Appreciate child's embarrassment and family disruption. Reassure and refer as necessary.	Specialist fertility clinic Adolescent gynaecology clinic	CbD Clinical Case Logbook
Investigation and appropriate referral of a pelvic mass	History and appropriate examination. Urinary diary and urine culture. Refer to urogynaecology.	Careful and sensitive assessment of patient with parents. Patient may be new presentation or known to paediatric services.	Recommended reading list Clinical observation	CbD Clinical Case Logbook
Evaluation of persistent urinary symptoms and appropriate referral	History and appropriate examination. Arrange blood tests and initial imaging. Refer to specialty centre.	Aware of distress caused by DSD especially implications of XY karyotype. Understand need for honesty and disclosure.	Paediatric gynaecology clinic	CbD Clinical Case Logbook
Congenital gynaecological anomalies including Disorders of Sexual Development (Intersex)	Discuss results and condition sensitively and openly. Involve multidisciplinary team include psychologist	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	Recommended reading Attend specialised multidisciplinary clinic. Turner's clinic if available Visit patient support group web sites	Mini CEX Clinical Case Logbook
An understanding of the psychological implications of DSD (intersex) including disclosure of karyotype	History and examination. Liaison with appropriate speciality. Understand impact of condition on sexual activity, contraception and fertility.	Be culturally sensitive. Understand serious health implications. Critical of procedure of FGM but not judgemental of patient. Child protection issues.	Attend specialised multidisciplinary clinic with psychology input Visit patient support group websites. Adolescent gynaecology clinic	CbD

Knowledge criteria	Clinical competency	Professional skills and attitudes	Training support	Evidence/ Assessment
<p>Gynaecological problems in those with other related congenital anomalies e.g. urological</p> <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>	<p>Ask about FGM appropriately. Perform genital examination. Assess type of FGM, potential health implications and need for deinfibulation. Perform deinfibulation or refer appropriately</p> <p>Understand competence, consent and confidentiality in children and adolescents.</p> <p>Identify child at risk of child sexual abuse and refer appropriately. Aware of confidentiality and when it can be broken</p>	<p>Aware of Gillick competence and Fraser Guidelines. Understand when can break confidence</p> <p>Able to ask appropriate questions of child/adolescent and discuss sensitively with parent. Familiar with conclusion of Laming report</p>	<p>Attend African Women's Clinic. Recommended reading list and websites</p> <p>Recommended reading list</p> <p>Attend Child Protection course level 1 and 2 Recommended reading list and Laming report.</p>	<p>CbD Clinical Case Logbook</p> <p>CbD</p>

History and Examination

Skill	Competence level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
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						
Undertake appropriate clinical examination including genital assessment in an adolescent girl						
Assess pubertal status including Tanner stage						

Problems of Puberty

Skill	Competence level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Investigation and management of vaginal bleeding in a pre-pubertal girl						
Investigate and manage menorrhagia in an adolescent						
Investigate and manage dysmenorrhoea in an adolescent						
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

Skill	Competence level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Take a history and perform appropriate clinical examination with initial investigations and referral in the following situations:						
<ul style="list-style-type: none"> An adolescent presenting with an obstructive mullerian anomaly 						
<ul style="list-style-type: none"> An adolescent presenting with virilisation at puberty 						
Discuss sex and fertility options with an adolescent with a known disorder of sex development including appropriate referral						
Examination of the shortened vagina and assessment for vaginal dilation therapy						
Instruction on vaginal dilator programme						

Specialised investigation and treatment

Skill	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
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						
Assessment of female genital mutilation including a. Type of FGM b. Need for deinfubulation c. Child at risk of future FGM						

Teenage Sexual Health

Skill	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
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						

Skill	Competence Level					
	Level 1		Level 2		Level 3	
	Date	Signature	Date	Signature	Date	Signature
Discuss contraceptive choices a. Healthy Adolescent b. Adolescent with long-term illness/health problem						
History and examination of adolescent with unplanned pregnancy						
Discuss choices for pregnancy and make appropriate referral or arrangements						

Training courses or sessions		
Title	Signature of Educational Supervisor	Date