



Curriculum 2024 Guide for Special Interest Training Module (SITM): Vulval Disease (VD)

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1. The Vulval Disease SITM

This SITM is aimed at learners with an interest in vulval disease. It provides training in all aspects of vulval disease. The multidisciplinary nature of the present service provision for women with vulval disease means that learners will need to attend specialist vulval clinics as well as clinics in other disciplines, e.g. dermatology. Learners will develop an understanding of the psychosexual effects of many of these disease processes and the work of colleagues in psychosexual therapy.

This SITM is designed to create clinical leaders who can help structure and run a successful multidisciplinary service for women with benign vulval disease in secondary care. After completing this SITM, learners will be able to develop this aspect of care in their future practice, and will be prepared to develop and manage a multidisciplinary vulval disease service.

As a learner progresses through the SITM, they will learn how to handle a variety of scenarios. 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 Vulval Disease Capability in Practice (CiP), and whether this has been met. More detail is provided in Section 5.2 of the [Special Interest Training Definitive Document](#).

2. Design of the SITM

The Vulval Disease 2024 SITM is made up of two Vulval Disease (VD) 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 Vulval Disease SITM:



3. Capabilities in Practice (CiPs)

Vulval Disease CiP 1: The doctor recognises and manages non-malignant disease that affects the vulva.	
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. imiquimod 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	<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



(including Paget's disease and uncertain pigmented lesions)	disease of the vulva, vagina and perineum.
Recognises and manages systemic diseases that affect the vulva	<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.
Recognises and manages chronic pain disorders that affect the vulva	<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.
Is able to recommend or prescribe appropriate topical agents on the skin, including emollients	<ul style="list-style-type: none"> • Can counsel people about using topical corticosteroids, lubricants, oestrogen and emollients.
Manages vulval procedures and histological reports	<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.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<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



Mandatory requirements

- OSATS:
 - excision of vulval lesions under local or general anaesthetic with primary closure

Knowledge criteria

- 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)

Vulval Disease CiP 2: The doctor has the communication and governance skills to set up, run and develop a multidisciplinary vulval service.

Key skills	Descriptors
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 – examples of evidence (not mandatory requirements)	
<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



Mandatory requirements

No mandatory evidence

Knowledge criteria

- 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:
 - 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

4. GMC Generic Professional Capabilities (GMCs)

The key skills in the Vulval Disease 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 Vulval Disease CiP.

Statement of Expectations for the Vulval Disease SITM	
Meeting expectations for the Vulval Disease CiP1	<p>Learners are meeting expectations and can independently perform a history and examination relevant to vulval disease. They can carry out relevant investigations, interpret investigations, make a diagnosis and start treatment covering a range of common and uncommon vulval disease.</p> <p>Learners are able to provide treatment, including first and second line medical treatments and holistic treatment relevant to the spectrum of vulval disease, including psychosexual therapy and pain management themes.</p> <p>Learners can counsel a patient on a variety of management plans and coordinate follow-up.</p>
Meeting expectations for the Vulval Disease CiP2	<p>Learners are meeting expectations and can recognise, value and know when to refer to members of the MDT aligned to vulval disease.</p> <p>Learners can evidence quality improvement in their service, focusing on patient information, guidelines and clinical standards.</p>

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 vulval disease. 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 Vulval Disease special interest doctor and at MDT meetings.

5. Procedures associated with the Vulval Disease 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	CiP1
Excision of vulval lesions under local or general anaesthetic with primary closure*	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 which 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.

<ul style="list-style-type: none"> Objective Structured Assessment of Technical Skills (OSATS) (mandatory) 	<ul style="list-style-type: none"> Local, Deanery and National Teaching
<ul style="list-style-type: none"> Case-based discussions (CbD) 	<ul style="list-style-type: none"> RCOG (and other) eLearning
<ul style="list-style-type: none"> Mini-Clinical Evaluation Exercise (Mini-CEX) 	<ul style="list-style-type: none"> Attendance at relevant conferences and courses
<ul style="list-style-type: none"> Discussion of correspondence Mini-CEX 	<ul style="list-style-type: none"> Procedural log
<ul style="list-style-type: none"> Reflective practice 	<ul style="list-style-type: none"> Case log
<ul style="list-style-type: none"> Team observation (TO2), including self-observation (SO) 	<ul style="list-style-type: none"> Case presentations



• NOTSS	• Quality improvement activity
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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 Vulval Disease CiP:

Vulval Disease 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

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 Vulval Disease SITM. The choice of second SITM depends on whether a learner is aspiring to a combined obstetrics and gynaecology or gynaecology-only special interest post. 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 the Study of Vulval Disease](#)

Find out more at
rcog.org.uk/curriculum2024



Royal College of
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