

Is our future workforce equipped to care for women with complex vulval conditions?

Lauren McGurk¹, Aiste McCormick¹, Kate Short², Rachel O'Donnell^{1,3}

1. Department of Gynaecology, Royal Victoria Infirmary, Newcastle Upon Tyne
2. Department of Dermatology, Royal Victoria Infirmary, Newcastle Upon Tyne
3. Translational and Clinical Research Institute, Newcastle University

Introduction

Examination of the vulva is a core competency for all Obstetrics and Gynaecology trainees. The incidence and impact of many vulval conditions on women, their general and psychosexual health is not fully appreciated with a persistent historical social taboo deterring many women and professionals alike from seeking advice. Specialist Vulval Clinics offer multidisciplinary management for complex physical and functional conditions but we are reliant upon recognition of vulval conditions by other health care professionals to refer women. This study aimed to understand confidence, experience and opportunity for Speciality training in vulval conditions within an O and G trainee group.

Methods

An anonymous semi-structured survey was sent to all O & G hospital trainees. The questionnaire included quantitative assessment of how confident trainees felt identifying, diagnosing and managing vulval conditions. It also offered free text options to gain qualitative information about how things might be improved. Descriptive statistics were used to represent quantitative data with results correlated with training grade. Common themes were identified in the qualitative data and incorporated into an action plan for improvement to training.

Results

21 trainees (66%) responded representing trainees with a median of 4 (range 2-10) years of postgraduate training.

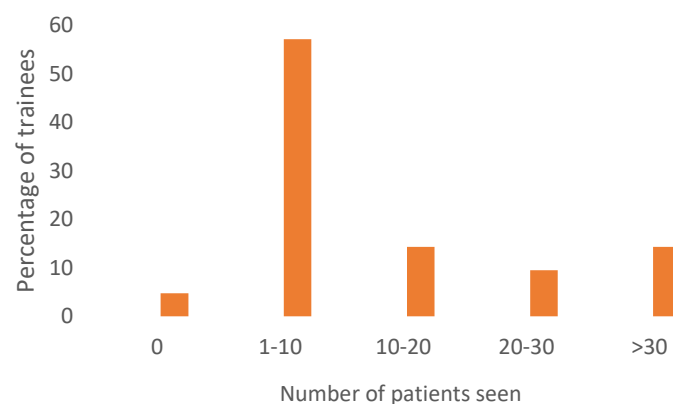
Exposure to specialty clinics was low with opportunity to see women with vulval complaints highly variable. Greater exposure or diagnosis of vulval conditions was seen with greater seniority, $p=0.0390$.

Vulval conditions were managed in general gynaecology clinics, rapid access and oncology services as well as emergency attenders and maternity. Confidence scores were highest for diagnosis, investigation and management of atrophy (mean 6.9, SD 2.9) and candida (8.0, 2.0), but were universally low for Paget's disease (2.5, 2.9) and vulval cancer (3.4, 2.8). There was no correlation of confidence with seniority.

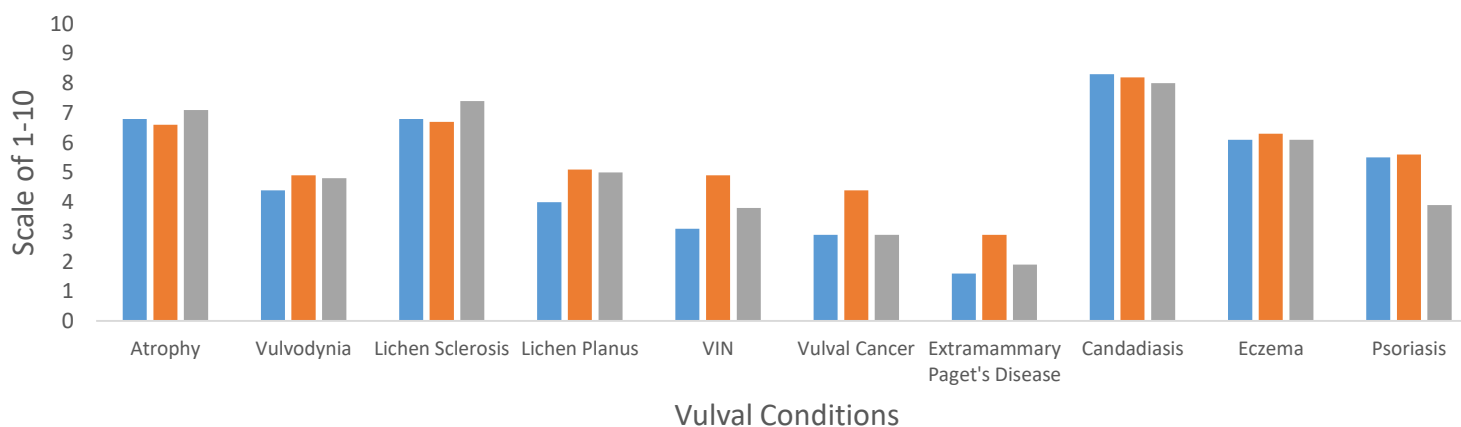
There was a mean confidence level of 5.3 for performing a vulval biopsy despite this being part of the core curriculum.

100% of trainees felt that they needed more exposure and training opportunities for vulval conditions

Number of vulval conditions seen by trainees during training



Mean confidence scores of 21 O&G trainees in the diagnosis, investigation and management of vulval conditions



Conclusions

Despite vulval disease affecting women seen across all subspecialty areas in O&G, opportunity for formal training and confidence in its diagnosis and management is low. Innovative approaches to teaching and training are needed to increase opportunity for diagnosis in asymptomatic or vulnerable women who may not otherwise present to healthcare professionals. Social stigma of vulval conditions cannot be dissipated until we equip our workforce with the knowledge and skills to manage them.

Strategies put in place to increase training opportunities included increasing the number of specific vulval clinics, capping the number of trainees in vulval and rapid access clinics to increase teaching opportunities and the initiation of structured gynaecology teaching sessions.

■ Diagnosis ■ Investigation ■ Management