

Pediatric and Adolescent Gynecology in Europe: Clinical Services, Standards of Care, and Training



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ABSTRACT

Study Objective: To identify current clinical services and training available across Europe within pediatric and adolescent gynecology (PAG) and establish the extent to which PAG services meet current European Board and College of Obstetrics and Gynecology (EBCOG) standards.
Design: Quantitative and qualitative questionnaire.

Setting: European countries that are members of the EBCOG and the European Association of Pediatric and Adolescent Gynecology.

Participants: Thirty-six countries that were approached beginning in September 2013; data were obtained from 27 countries.

Interventions: Questionnaires with 28 stems were sent to clinical leaders in 36 European countries.

Main Outcome Measures: National society, national standards, legislation for female genital mutilation, protocols for transition to adult services, human papilloma virus vaccination programs, sex and contraception education, safeguarding, clinical leads for PAG, delivery of PAG services, and training available for PAG.

Results: Of 36 countries, 27 responded. Seventy-seven percent had a national PAG society but only 44% had national standards in PAG. There was agreement that PAG cases should be multidisciplinary but not all have clinical networks in place to facilitate this. Human papilloma virus programs are available in some European countries and not all have legislation against female genital mutilation. A significant proportion of cases continue to be seen in adult gynecology clinics as opposed to designated PAG clinics with only 41% with processes to transfer patients into adult care.

Conclusion: In this article we provide a framework to explore areas for improvement within PAG services and training across Europe. The EBCOG standards of care are not being adhered to in many countries because processes and clinical networks are not in place to facilitate them.

Key Words: Pediatric and adolescent gynecology, Europe, EBCOG standards

Introduction

We aimed to assess the clinical services available in pediatric and adolescent gynecology (PAG) in Europe and to explore how doctors receive training in PAG. We also hoped to discover if there was a European consensus on standards and training.

Clinical networks exist in other specialist areas (for example, oncology) and have been shown to improve standards of care and clinical outcomes.¹ Attempts are being made to standardize care across all subspecialties within obstetrics and gynecology, including PAG. A recently published document by the European Board and College of Obstetrics and Gynecology (EBCOG) described standards of care for gynecology services that highlighted several areas specific to PAG considered important for provision of this

service. It is known that inappropriate care can result in poor outcomes and adverse long-term consequences.^{1,2} Areas highlighted as important in this consensus statement helped us focus our questions regarding provision of PAG services, standards of care, and training.

These areas include²:

(1) Patient focus

- Children and adolescents should receive the best evidence-based specialist treatment to preserve their future reproductive potential.
- Surgical procedures for PAG conditions should primarily use minimally invasive techniques.
- Female genital mutilation (FGM) is unacceptable under any circumstances. Legislation should be encouraged in countries where such practices are not already classified as illegal.
- Appropriate information for children, their parents, or guardians should be available.

(2) Accessibility

- An easy access, nonjudgemental service should be available in which the welfare of the child and/or adolescent is the primary focus.

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- Age-appropriate sex and contraceptive education should be available.
 - Vaccination against human papilloma virus (HPV) should be promoted and offered to all adolescents. National prevention programs should be encouraged.
- (3) Environment
- Children and adolescents with gynecological problems should be seen in appropriate and designated clinical environments.
 - All services should have a nonthreatening reception area.
 - All services should have age-appropriate displays and posters to provide patient information.
- (4) Process
- Clinical networks should be established to allow for the multidisciplinary management of rare and complex conditions and the development of clinical, educational, and referral pathways according to the best available evidence.
 - Disorders of sex development should be classified and managed according to the 2006 consensus document.³
 - Processes should be put in place to ensure a comprehensive and seamless transition of care of adolescents with gynecological conditions to adult care.
- (5) Staffing and competence
- There should be a named clinical lead for PAG.
 - All professionals involved in managing children with gynecological problems should be competent in child protection procedures. The safeguarding of children is paramount.
 - The team of clinicians who provide this service should be competent in the medical and surgical interventions required.
- (6) Training standards
- Training should be provided in PAG-recognized centers.
 - Trainers should be members of or work in close collaboration with national PAG societies.

- Training should be on the basis of a well established curriculum and training program.
- Regular training in age-appropriate communication skills, cultural and/or sex awareness, and the safeguarding of children and adolescents should be provided.

Materials and Methods

A questionnaire that requested data related to service provision and training within PAG was sent to the nominated national PAG contact in all European member countries of EBCOG and the PAG specialist of the European Association of Pediatric and Adolescent Gynecology, to forward to national PAG lead contacts or PAG specialist societies for completion. Where individual responses from the same country were obtained (only 1 country) data were collated, because there was no discordance between responses. A total of 36 countries were asked for quantitative and qualitative data. Questionnaires were mainly returned electronically. Results were collated within an Excel for MAC 2011 spreadsheet for analysis. Some data were presented graphically using political maps of Europe.

Results

Twenty-seven countries responded to the questionnaire (75%). All countries associated with the European Association of Pediatric and Adolescent Gynecology replied. Of all responders, 21 (77%) had a national PAG society. However, only 11 countries had national standards for managing pediatric and adolescent patients who present with gynecological problems (41%; Fig. 1).

Although there was a general agreement (with 1 exception) that the management of complex PAG cases should be multidisciplinary, only 19 (70%) countries had clinical networks to manage such cases. Clinical referral pathways exist in 81% of countries and educational pathways exist in 59% of countries. Of those who do not have specific educational pathways, 8 (72%) had a desire to create them.

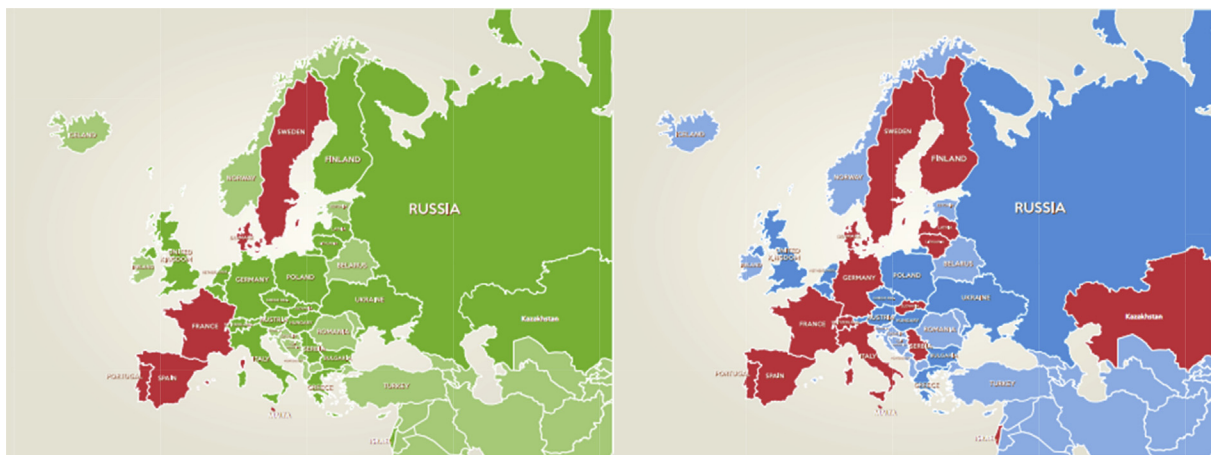


Fig. 1. Comparison between countries with national pediatric and adolescent gynecology societies and those with national standards of pediatric and adolescent gynecology care. Dark blue/green indicates yes; red indicates no; and light blue/green indicates no response to survey.

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