

EFC NEWSLETTER – JULY 2014

Dear Member Countries

I have pleasure to attach a Newsletter from the Executive Board of the European Federation for Colposcopy. Included you will find a

- Letter from the President
- Letter from the Secretary
- Report on 3rd Satellite Meeting February/March 2014
- Where to find the information about guidelines to assist with your national basic course and how you can apply to have the course validated by the EFC (*See link in Secretary's report*).

I will be sending out the invoices for the 2014 annual dues shortly and, in advance, I would like to thank all the member countries who continue to pay their EFC dues promptly. As you know it is your contributions which help to keep the EFC functioning

Liz Dollery

Secretariat, EFC

A letter from the President



Dear Colleagues

The EFC are a truly real European Federation with new member countries joining every year. We now have 34 full Member Countries and 2 Associate Members. We meet together for tri-annual meetings in a country which is decided 6 years in advance at the General Assembly. There are usually at least 3 applications to host the next meeting and the decision as to where that will be held is made by the membership via a vote for the best application presented during the meeting. It is prestigious and rewarding for a national society to organize such a meeting. The next Congress will be held in Istanbul on 5-8 October, 2016 and in Rome in 2019. EFC member countries have a variety of different screening practices i.e. organized, opportunistic or, in some countries, nothing at all. Our joint aim is to improve the standard of practice of colposcopy throughout Europe and to that end we work together, not only during the tri-annual meetings, but with a small group of national delegates each year at a 2 day Satellite Meeting. This results in consensus approaches on quality assurance and training. A summary of all 3 satellite meetings can be found on our web site. It was good to see the EFC represented in so many sessions during the recent IFCCP world meeting in London 2014

Christine Bergeron

President of the EFC

A letter from the Secretary



The Federation is beginning to turn to Istanbul for 2016 to see that all scientific and social events are taking shape. What an exciting venue and one that takes on the mantle after the excellent congress in Prague last year. Meanwhile the Satellite Meetings in Berlin continue at a pace with many educational and quality issues being discussed. Agreement for approval for a basic colposcopy course can now be obtained via the EFC website <http://www.e-f-c.org/pages/education/courses-and-approvals.php?lang=DE> The application has to be supported by a national society if that country has a national society. A fee is required for this service but approval is agreed for 3 years. Approval for an advanced course and course programme is under consideration with a view for the advanced course curriculum to be ready for Istanbul. Charles Redman is working on the concept of a European diploma as an examination for practicing colposcopists to validate their competence and knowledge. The next satellite meeting is likely to be in Berlin in 2015 but is not definite as yet. National society presidents please take note. Ulli Petry is looking at getting a

team together to update the second edition of the European guidelines for quality assurance in cervical screening from 2008. In the meantime Marc Arbyn is looking at quality data initially concentrating on margin status of excisions. Pekka Nieminen has become the new Education Committee chair and I led my final training course at the IFCPC in June. I have met many new good friends on my travels and hope to continue to support Pekka for some time yet. The EFC has had colposcopy courses in Glasgow, London and Stockholm this year with a course in Riga due in October. So for now it is the summer down time between the spring and autumn conference seasons and I will now go back to cleaning my car!

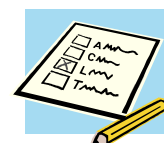
Simon Leeson

General Secretary

A report on the 3rd EFC Satellite meeting - Berlin February/March 2014

Introduction

Christine Bergeron



Christine Bergeron welcomed 36 delegates from 27 member societies.

Summary of previous meetings

U Petry

During the previous two EFC satellite meetings in Berlin and the EFC general assembly 2013 in Prague, EFC gave highest priority to the development of quality assessment strategies in colposcopy. The aim is to standardize and harmonize the education, training and practice in colposcopy throughout Europe and neighbouring regions. The general assembly authorized EFC's educational committee (EEC) and the satellite meeting delegates to develop a frame program for basic and advanced colposcopy courses with defined time slots for specific core competencies and minimum requirements for exit assessment (may include a dynamic pool of tasks/questions) and a template for training programs in colposcopy including minimum / maximum time limits and minimum caseloads.

Similarly the GA authorized the EFC executive board and the satellite meeting delegates to define a frame for EFC approval of national QA concepts in practice of colposcopy ("expert colposcopist"). So the tasks for the satellite meeting were well defined.

Definitions

CWE Redman

Courses

These were considered to be limited educational activities that serve to support formal training programmes. They can include lectures, group work and have an electronic format. Such courses can be characterised by content and duration.

Training Programmes

These are experiential educational activities that necessarily involve, at least in part, patient contact. They should have a stated aim, identified objectives, a curriculum, identified trainers and assessment.

Colposcopy Courses – EFC approval

CWE Redman/U Petry

There was an initial short presentation. The key points, which served as discussed points, were:

- From the EFC perspective, the role of courses is to enable/support colposcopy training programmes

- Colposcopy courses are eligible for approval if the EFC core curriculum is covered and the duration of the course is at least 8 hours (or equivalent if electronic).
- EFC would approve those courses run by its member societies that meet these criteria. In countries with a member society, courses run by others are eligible for approval only if these courses are approved by the relevant member society and that they meet the necessary EFC criteria. Courses run by others not based in countries with a member society can seek approval directly from the EFC and are eligible for approval if they meet the necessary criteria.
- The role and criteria for advanced colposcopy courses had yet to be decided.

These proposals were then discussed. Seventeen member societies indicated that they had colposcopy courses and summarised their activities. It was evident that in most countries, colposcopy courses were an integral part of colposcopy training. In some, attendance at a basic colposcopy course was a necessary preliminary to embarking on clinical training. Many countries had what were termed as basic and advanced colposcopy courses. In some cases, advanced courses were part of training whilst in others these were for trained colposcopists and part of CPD. The duration of courses involved in colposcopy training ranged from 8 hours to in excess of 40 hours.

In summary:

- There was a recognised need for basic colposcopy courses
- It was agreed that basic colposcopy courses should cover the EFC core curriculum
- The duration of the course should be at least 8 hours
- A basic colposcopy course could be electronic and that there was a need for such a development.
- The need for and content of more advanced courses would be addressed at a later stage.

Colposcopy Training Programmes – EFC Approval

CWE Redman/U Petry

There was a short introductory presentation. The key points were:

Consensus had already been reached on many of the key areas, *viz*:

- The Aim of the Training programme was “to enable trainees to obtain the core knowledge, develop the necessary skills, and the personal and professional attributes to enable them to be lifelong learners and compassionate colposcopists” (Training Committee Meeting, Paris 2002)
- The programme curriculum should incorporate the EFC core curriculum devised by the Delphi process in 2002 and revised in a second EFC Delphi in 2012. This was a competency-based curriculum.
- There was agreement that a trainee would see a minimum of 100 cases, of which 50 should be new patients and 30 have abnormal cytology
- Training should be completed within 24 months
- There should be an exit assessment of some sort

There followed a number of presentations about assessment options. A number of different methods are used, either in isolation or combination with other types:

- OSCE (Objective Structured Clinical Examination) – testing knowledge and competence in decision making, clinical management and communication. Techniques include oral stations and structured written responses. Only the UK uses this.
- MCQ – testing factual knowledge and image recognition capabilities. This is probably the commonest method.
- Viva Voce - either formal or informally convened in a summative and/or formative setting.

The consensus view supported the initial proposal that there should be an exit assessment but no particular mode of assessment was specified.

It was recognised that the quality of trainers was a major consideration needing addressing. No member society has fully addressed this issue but it was recognised that an EFC sponsored Training the Trainers course would be desirable.

European Colposcopy Diploma

CWE Redman

An initial presentation summarised the background for a European Diploma. This had become an objective of the EFC at the Berlin Congress in 2010, which has been re-affirmed in the 2011 training survey. Such a qualification would help improve European colposcopy and facilitate the movement of trained colposcopists throughout Europe.

Given the resource limitations, it was proposed that the EFC would offer a quality assured examination for trained colposcopists who had completed a national training programme. This would probably be electronic in format and undertaken in conjunction with a Higher Education Institution. Progression would depend on:

- Support of member societies
- Support of EBCOG/UEMS
- Cost

This proposal was discussed. There was support for the proposal but demand would, in part, depend on the number trainees from EFC-approved programmes. However, it was felt that such a qualification could be used as an indicator of competence and knowledge that would be useful to currently practising colposcopy as a mark of quality, especially for those seeking to be trainers. It was agreed that this concept and its feasibility be evaluated.

European Colposcopy and EBCOG

K Vetter

This excellent presentation summarised EBCOG's involvement with promotion of European training in obstetrics and gynaecology, plus recent educational developments, which included competence-based curriculae, and electronic educational formats. The complexity of achieving harmonisation of training programmes across Europe was challenging and progress was slow. He felt that the EFC's initiatives were very much in step with EBCOG's strategic direction.

Colposcopist Certification

U Petry

Six representatives summarised their national situation regarding certification. In the main, self-certification was used although in the UK this is supplemented by external QA using mandatory data returns that is used in certain regions. In Germany and UK, arrangements for certification are comprehensive and established, although there are regional differences in UK and certification of colposcopy units in Germany started in just in 2013.

In the ensuing discussion the following points were noted:

- Voluntary self-certification was an important initial step and easy to implement
- It would be better for standards to be set by clinicians rather than by others. This is an argument for national societies to initiate this process rather than having it imposed.
- National colposcopy societies can play an integral role in this process
- Certification is an opportunity for colposcopy societies to seize the initiative and gain or increase influence.
- At the outset, number of cases seen may be the simplest and easiest objective parameter. It was considered desirable for defined quality standards, including the current EFC QA standards, to form part of the certification process.

Marcus van den Bergh and Ulrich Petry presented the experience with a voluntary pilot project of ten German colposcopy clinics. Data were collected using ODSdysplasie Version 4.0 (asthenis GmbH; available at <http://www.asthenis.de>), a software specifically developed to document diseases of the lower female genital tract that provides continuous independent electronic quality assessment of participating colposcopy clinics.

All data collected from women referred for colposcopy were anonymized, encrypted and stored in a secure relational database located within the clinics' network. Access to data for all aspects of benchmarking or certification was restricted to registered users. Data from more than 6,000 patients referred for colposcopy were used to compare the performance of participating clinics using the EFC quality indicators. While all met the EFC minimum case numbers, the majority did not reach the recommended targets for clear margins, documentation of SCJ, colposcopy prior to excisional treatment and proportion of CIN2+ among women with excisional therapy. The failure could be in part explained by documentation failures. However there was consensus that such an approach is very attractive to achieve an independent standardized QA in colposcopy that finally may allow the definition of more useful quality indicators.

Delegates from 17 EFC member societies were interested to participate in a European pilot project. All will be contacted and enabled to use the software but because of limited resources participation in the first phase of the EFC pilot project will be restricted to a handful of societies. A decision with a proposal on how to proceed will be communicated in June/July 2014.

Final Conclusions

C. Bergeron and U. Petry

EFC approval of basic colposcopy courses:

EFC's educational committee will approve courses from national societies that are part of the overall national training programme. The course should address EFC's core competencies. Submissions to EFC need to include:

- Programme of the course (max. 2 pages)
- Duration 1-2 days
- Evaluation
- EFC will send approval or refusal within 3 months
- Fee of 100 Euros
- Re-approval every 3 years

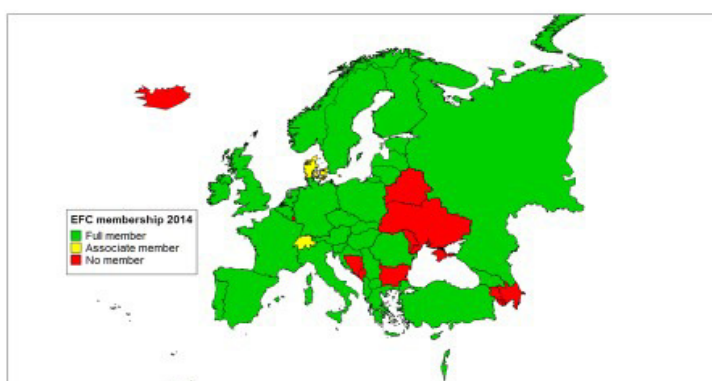
EFC approval of training programmes:

Only submissions from EFC member societies are accepted. They should have a stated aim, identified objectives, a curriculum, identified trainers and assessment and need to include:

- Duration up to 24 months
- Case load minimum 100 cases including 50 new cases
- Defined qualification of trainers
- Exit assessment
- EFC approval (or refusal) within 3 months
- Fee 100 Euros

EFC will produce:

- A basic course template to help societies without course to move forward
- It will in the web in June 2014
- The educational committee will develop a template proposal for advanced courses before Istanbul 016



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