



# Re-audit of Colposcopy Training

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- Previously published paper recording variation in colposcopy training in Europe.
- Smaller countries less likely to have training programme.
- Agreed competencies for training.

Moss EL et al, *Eur J Obstet Gynecol Reprod Biol*, 2015, **188**; 124-8.

**Responses from:**

**Belgium, Cyprus, Denmark, Estonia, France, Holland, Ireland, Italy, Latvia, Moldova, Portugal, Romania, Serbia, Slovakia, Slovenia, Sweden, UK**



Yes No Don't know

- Is there a training programme? 14 3
- Is there a course for colposcopy training? 15 2
- Is there a committee to oversee the structure of the training programme? 10 7
- Is the colposcopy training included in the Ob & Gyn specialisation programme or outside it? 9 7

	Yes	No	Don't know
• Are there adequate training places for your trainees?	13	2*	
• What is the approximate capacity for training in your country?	4-100	2	
• What is the approximate number of training places that you need in your country?	1-100	1	

\* Belgium (can train 6, need 10 pa), Slovenia (unknown)

- Do you have any trainees who would wish to have training with other states (eg in the UK, Finland)?

Yes – Belgium, Estonia, Italy, Latvia, Moldova, Portugal, Slovenia, Serbia

No – Cyprus, France, Holland, UK

- Could your country provide funding for air fares and accommodation for around 2 months of intensive training?

Yes – Belgium, Estonia, UK

No – Cyprus, France, Latvia, Portugal, Serbia, Slovenia, Slovakia

DK – Holland, Italy, Ireland, Moldova

Yes No Don't know

- Is completion of the training programme (an accreditation process) essential to practise colposcopy in your country? 7 9
- Is there a mechanism to revalidate fitness to practise (re-accreditation process) after a specified period of time? *eg. every 3 years.* 3 13
- If so what is the time interval? 3-5 yearly

- Would the EFC be of use to your training programme?

Yes	No	Don't know
13	1	2



- If so in what way?

SICPCV EFC certificated course held in Italy – show how colposcopists from other countries learn and practice, gain evaluation and accreditation.

Cyprus/ Romania would invite EFC instructors to train new doctors/ refresh older colposcopists.

Estonia – basic colp training for 2 months, in certified centre in Europe including TTTs; international certificates/ re-certification every 5 years. Possible web-based training.

France – make all European courses uniform.

Ireland – expert teaching/ participation in meetings.

Romania – help TTT sessions.

Slovenia/ Holland – EFC competencies as minimum standards for training in colposcopy.

Belgium – need database for training/ practice. These should be given to centres who comply with agreed QC activities. Recognised centres should be identified. Accreditation should be EU based and the Belgium society is willing to develop document to further this.

Latvia – Develop standards for training centres for trainees.

Serbia – Critically appraise training programme and implement QC for colposcopy.

Slovakia – We would appreciate the opportunity to learn other proven ways of teaching colposcopy.

## Trends from earlier surveys

	2007	2010/11	2014	2015
Courses for colp training	12 (100%)	21 (91%)	21 (88%)	15 (88%)
Adequate training places	8 (67%)	15 (65%)	16 (67%)	13 (76%)
Assessment	10 (83%)	13 (57%)	16 (67%)	12 (71%)
Completion of training essential	4 (33%)	7 (30%)	6* (25%)	7 (41%)
Revalidation	4 (33%)	8 (35%)	7 (29%)	3 (18%)
Total	12	23	24	17

## **Conclusions**

- Approx ½ respondents have colposcopy in their general O+G training
- Generally enough training places
- 8 states wished training in other states
- 3 could pay for this
- EFC to help with training by
  - providing standards for training/ TTT/ database for training and practice.
- Guidelines for practice to drive training.

# Acknowledgements

**Ana Cristina Anton, Carmine Carriero, Rita Mafalda Rocha Sousa do Carmo Fernando, Grainne Flannelly, Vesna Kesic, Liis Kriisa, Jacqueline Louwers, Jean-Luc Mergui, Jozef Jendrušák, Dinos Mavromoustakis, Miriam Mints, Spela Smrkolj, Charlotte SØgaard, John Tidy, Wiebren Tjalma, Tabuica Uliana, Jana Zodzika**