Training and Performance in Colposcopy

CWE Redman
EFC Satellite Meeting 2017

EFC Objectives

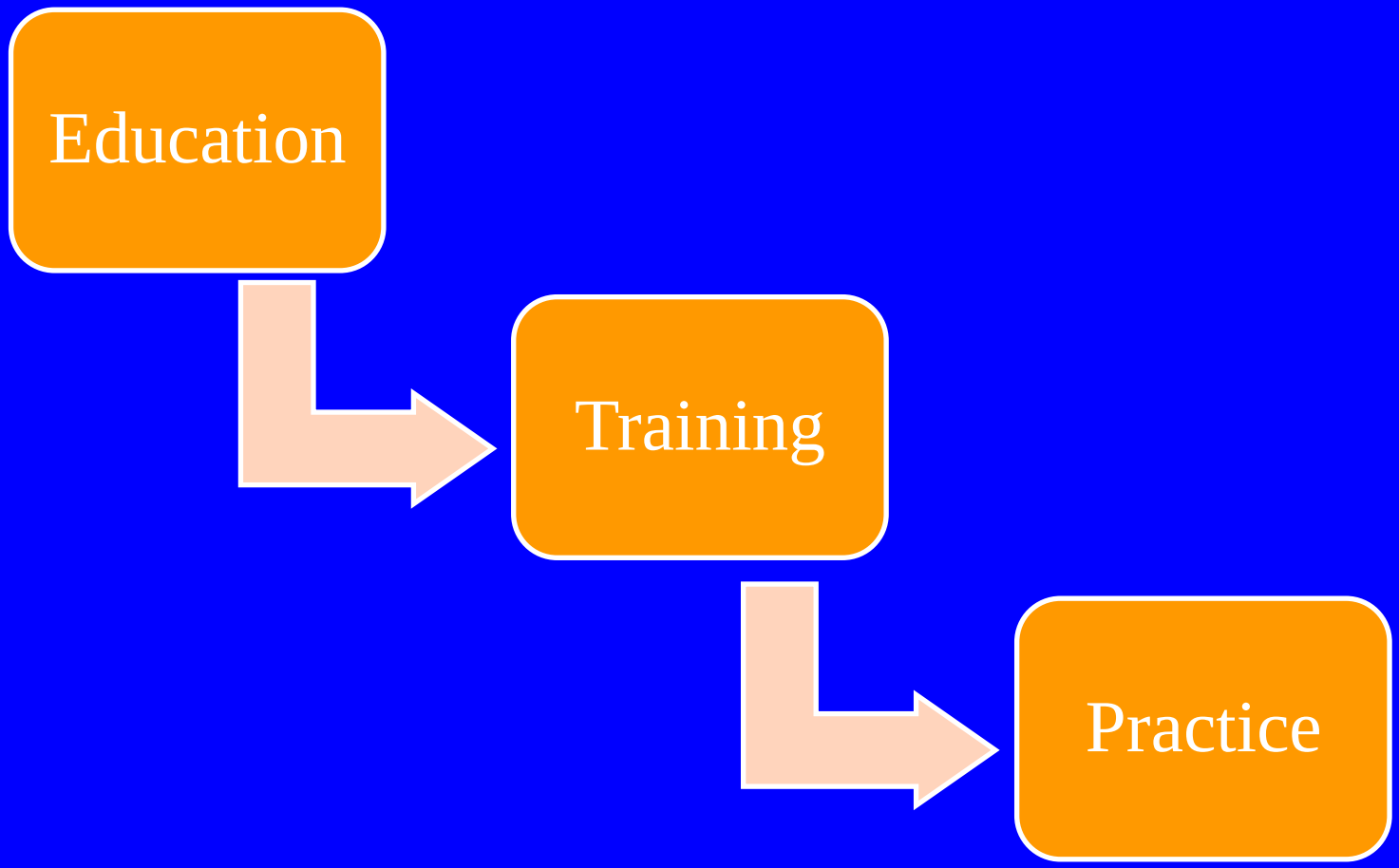
- Best possible standards of colposcopy
- Standards of Training
- Standards of Treatment
- Liaise with other organisations

Screening

Colposcopy

Treatment of CIN

The 3 EFC Quality Steps



Education

Developed and revised core curriculum

Agreed standards for basic and advanced courses

EFC recognition of courses

Provision of targeted courses

Training

Training programme structure

Caseload

Assessment

Electronic log-book

European Journal of Obstetrics & Gynecology and Reproductive Biology 188 (2015) 124–128

Contents lists available at ScienceDirect

European Journal of Obstetrics & Gynecology and Reproductive Biology

journal homepage: www.elsevier.com/locate/ejogrb

Colposcopy training and assessment across the member countries of the European Federation for Colposcopy

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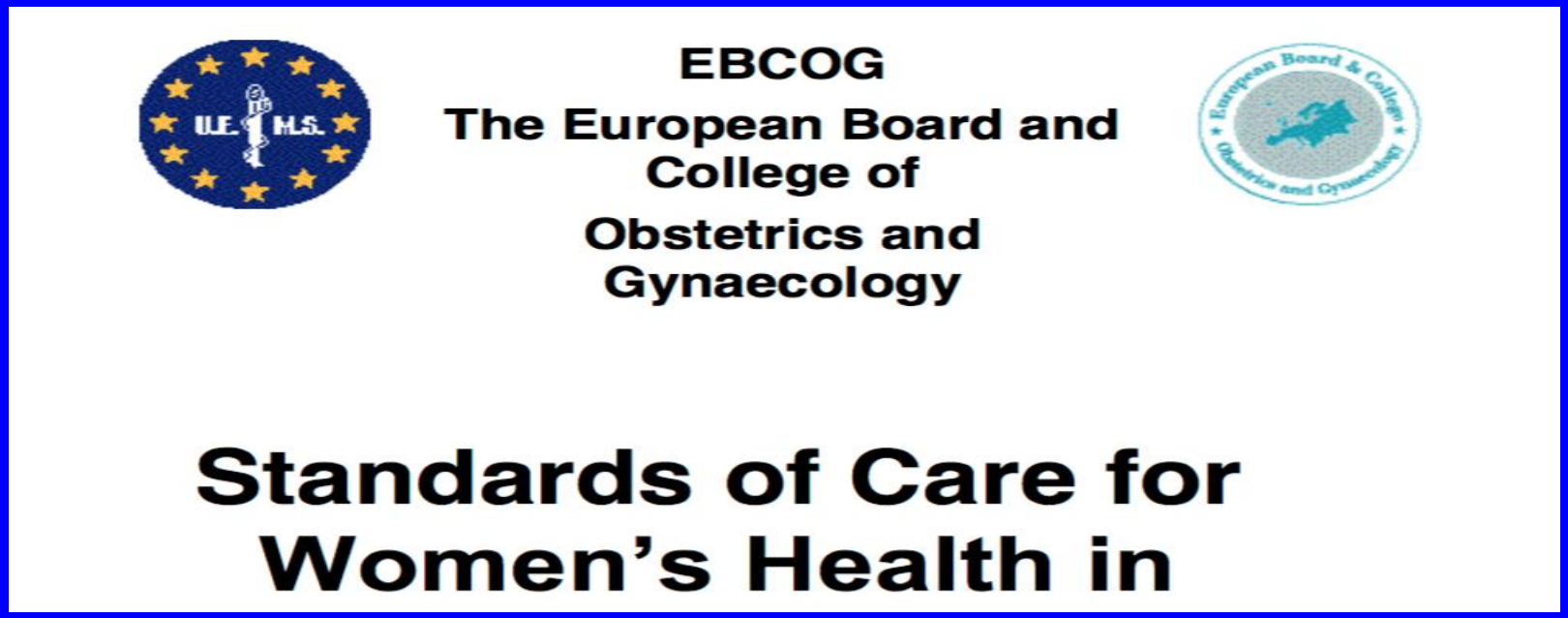
Table 1
Presence of a National Structured Training Programme, assessment and re-validation, responses grouped by size of country population.

	Population >20 million ($n=9$)	Population 10–20 million ($n=5$)	Population 2–10 million ($n=15$)	Population <2 million ($n=5$)
Training programme	7/9 (78%)	4/4 (100%)	9/13 (69%)	1/5 (20%)
Course for colposcopy training	8/9 (89%)	4/4 (100%)	12/13 (92%)	1/5 (20%)
Committee overseeing training	6/9 (67%)	2/4 (50%)	8/13 (62%)	1/5 (20%)
Assessment as part of training	6/8 (75%)	3/4 (75%)	10/13 (77%)	1/5 (20%)
Training programme an essential requirement to practice	2/8 (25%)	3/4 (75%)	4/13 (31%)	1/5 (20%)
National re-accreditation process	4/8 (50%)	2/4 (50%)	3/13 (23%)	0/5
Would the EFC be of use to your training programme?	7/8 (88%)	4/4 (100%)	9/13 (69%)	5/5 (100%)

Population ≥20 million: France, Germany, Italy Poland, Romania, Russia, Spain, Turkey, United Kingdom Population ≥10 to <20 million: Belgium, Czech Republic, Greece, Netherlands, Portugal.
Population ≥2 to <10 million: Albania, Austria, Croatia, Finland, Georgia, Hungary, Israel, Latvia, Lithuania, FYR Macedonia, Norway, Republic of Ireland, Serbia, Slovakia, Sweden.
Population <2 million: Cyprus, Estonia, Kosovo, Malta, Slovenia.

EBCOG Training Recommendation (2014)



All colposcopists should have had formal training and be recognised or certificated as suitable to practice colposcopy. All European training programmes should comply with European Federation for Colposcopy (EFC) training standards.

EBCOG Delphi 2017

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Full length article

What European gynaecologists need to master: Consensus on medical expertise outcomes of pan-European postgraduate training in obstetrics & gynaecology

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The following were proposed as being core skills

- Colposcopy with biopsy
- LLETZ
- Conisation

Guidelines

- Colposcopy and Programme Management
- Evidence based guidelines
- Consensus where evidence lacking

European Journal of Obstetrics & Gynecology and Reproductive Biology 170 (2013) 255–258

Contents lists available at SciVerse ScienceDirect

European Journal of Obstetrics & Gynecology and Reproductive Biology

journal homepage: www.elsevier.com/locate/ejogrb

European Federation of Colposcopy quality standards Delphi consultation

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ARTICLE INFO

Article history:
Received 13 December 2012
Received in revised form 11 May 2013
Accepted 23 June 2013

Keywords:
Colposcopy
Delphi consultation
European
Quality standards

ABSTRACT

Objective: Optimization of colposcopy practice requires a program of quality assurance including the monitoring of performance indicators. The European Federation of Colposcopy (EFC) aimed to identify a list of quality indicators for colposcopic practice, which are relevant, reproducible and practical across all of the member countries.

Study design: A five-round Delphi consultation was conducted in 30 full, 5 associate and 4 potential member countries in order to determine a core list of quality indicators including optimal target ranges.

Results: Six indicators were selected from a list of 37 proposed standards. Two further rounds of consultation were conducted to determine expert opinion on the target level for each of the standards. The six indicators identified and corresponding targets were: documentation of whether or not the squamocolumnar junction has been seen (100%); colposcopy prior to treatment for abnormal cervical cytology (100%); percentage of excisional treatments/conizations to contain cervical intra-epithelial neoplasia grade two or worse (≥85%); percentage of excised lesions/conizations with clear margins (≥80%); and two indicators concerned the number of cases to be colposcoped per year: ≥50 low-grade/

How can colposcopy be improved?

- Acknowlegement of need for good colposcopy
- High quality training / education
- Certification
- Quality Assurance
- Adjunctive technologies