

Standards and Reaccreditation: European Perspective

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How good is colposcopy?



Screening Colposcopy - poor sensitivity and specificity Schneider A, IJC 2000



HPV-Vaccine trials: poor sensitivity for CIN3+ Stoler M, IJC 2011



RCT studies: colposcopy as sensitive as immediate LEEP TOMBOLA, BMJ 2010



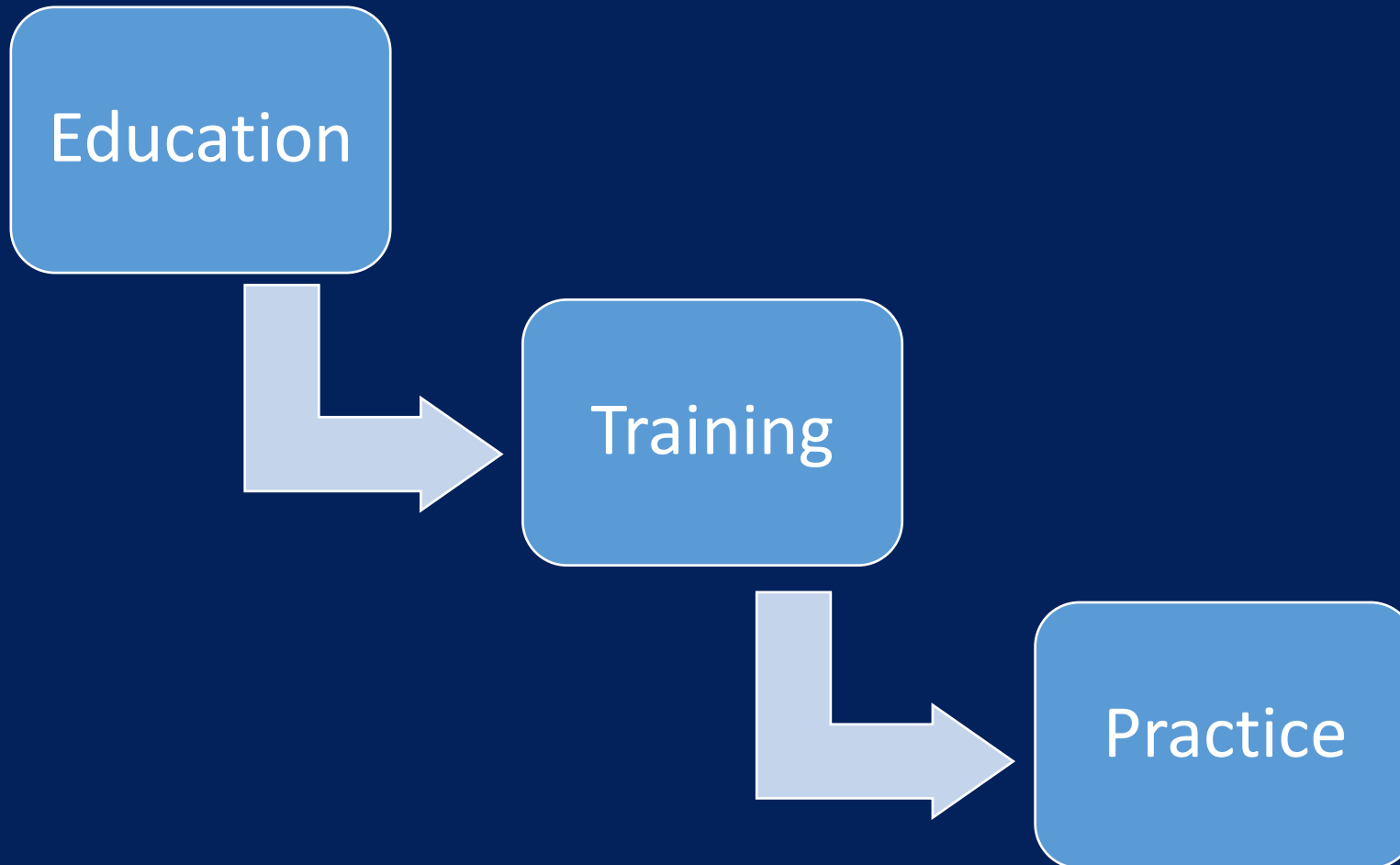
Sensitivity of colposcopy CIN3 29-93% in a US trial Pretorius R, JLGTD 2011



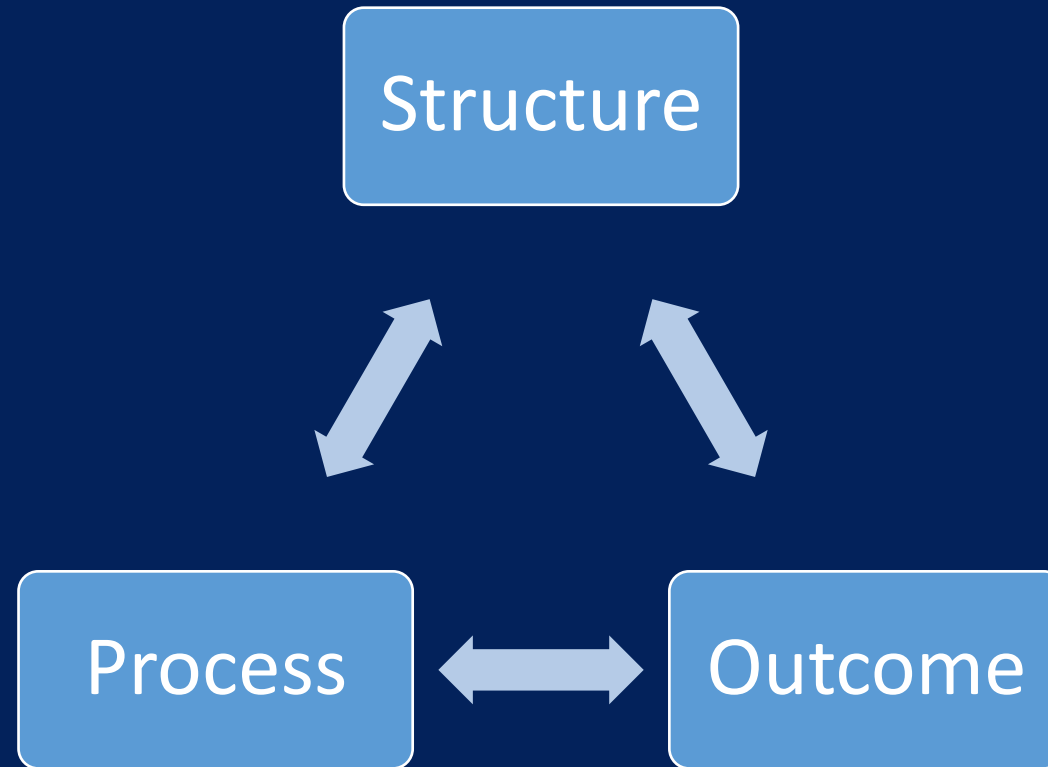
Lacks sensitivity in women with positive HPV tests but normal cytology Petry KU, GO 2012



The 3 EFC Quality Steps



What Standards?



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





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.

What is a good colposcopist?



Recognized training

Certification

Continued medical education

Caseload

Audit



Certification criteria

Who decides?



How should this be done?

Relevant, reliable and valid

Kept simple

Recertification

How often?

How organised?

What happens if certification lapses?



What is a good colposcopist?

Recognized training

Certification

Performance

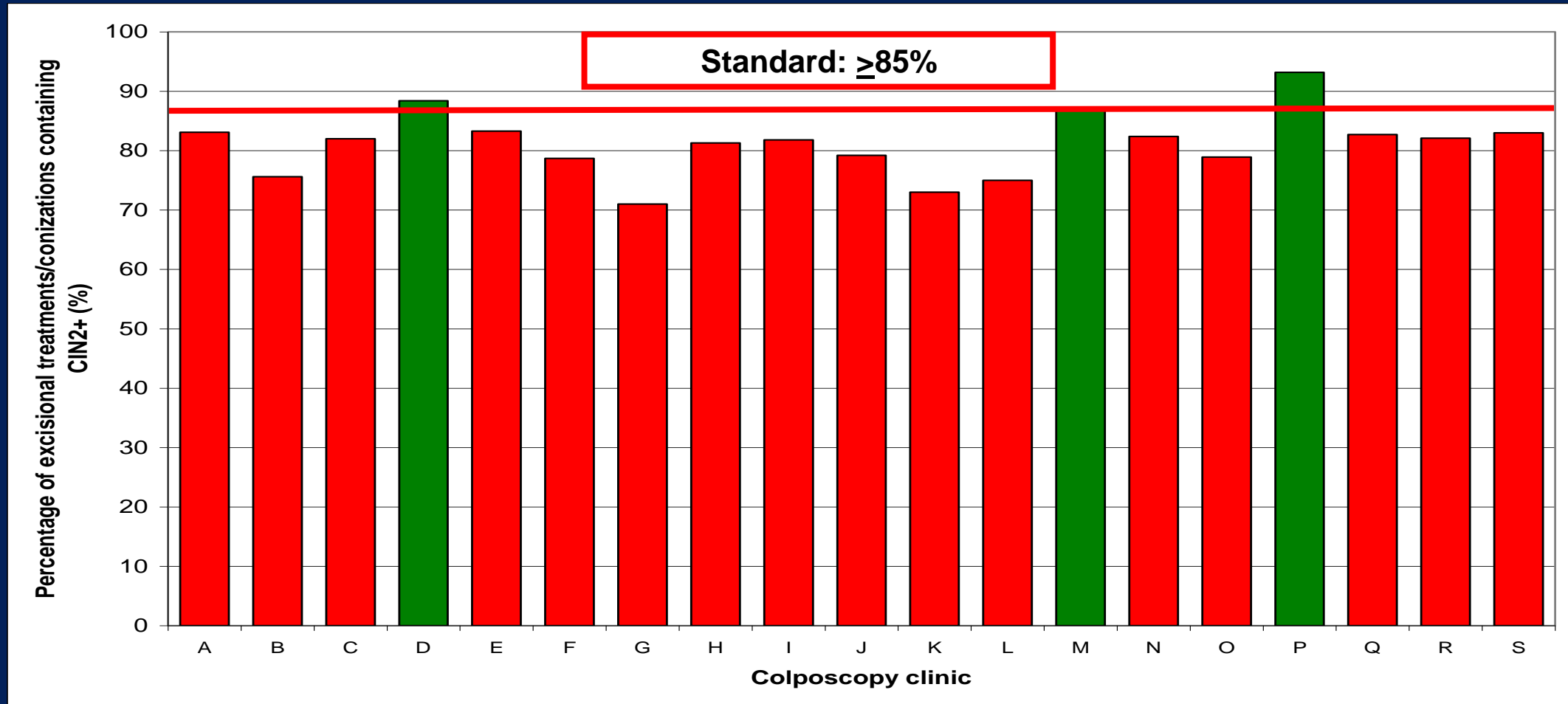
EFC standards 2012



Identified targets	Target
Colposcopic examination prior to treatment	100%
Documentation of SCJ status	100%
% CIN2+ in excisional treatment biopsies	85%
% clear margins in excisional treatment biopsies	80%



% excisions containing CIN2+



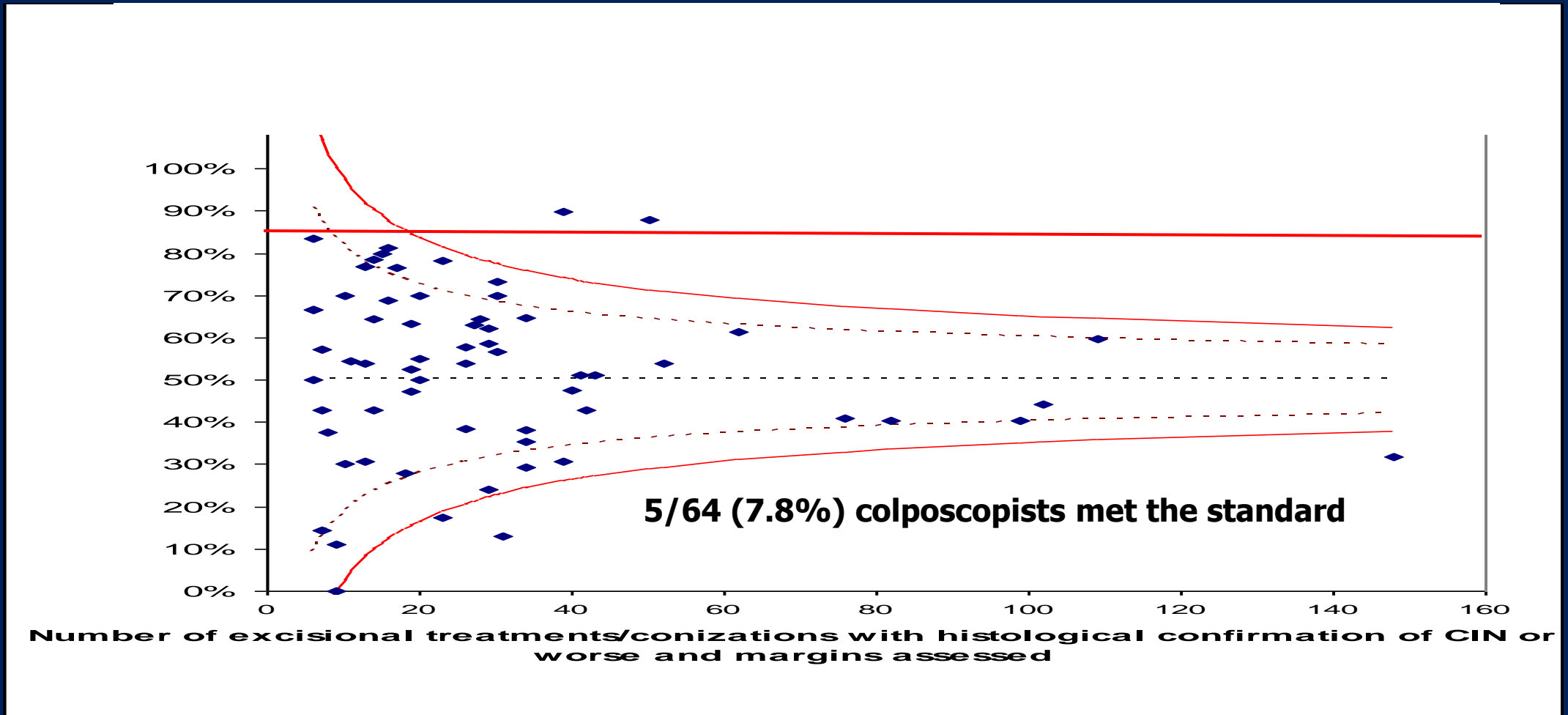
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% of excisions with clear margins





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1 Utility of EFC quality indicators for colposcopy in daily practice: results from an independent, prospective multicenter trial

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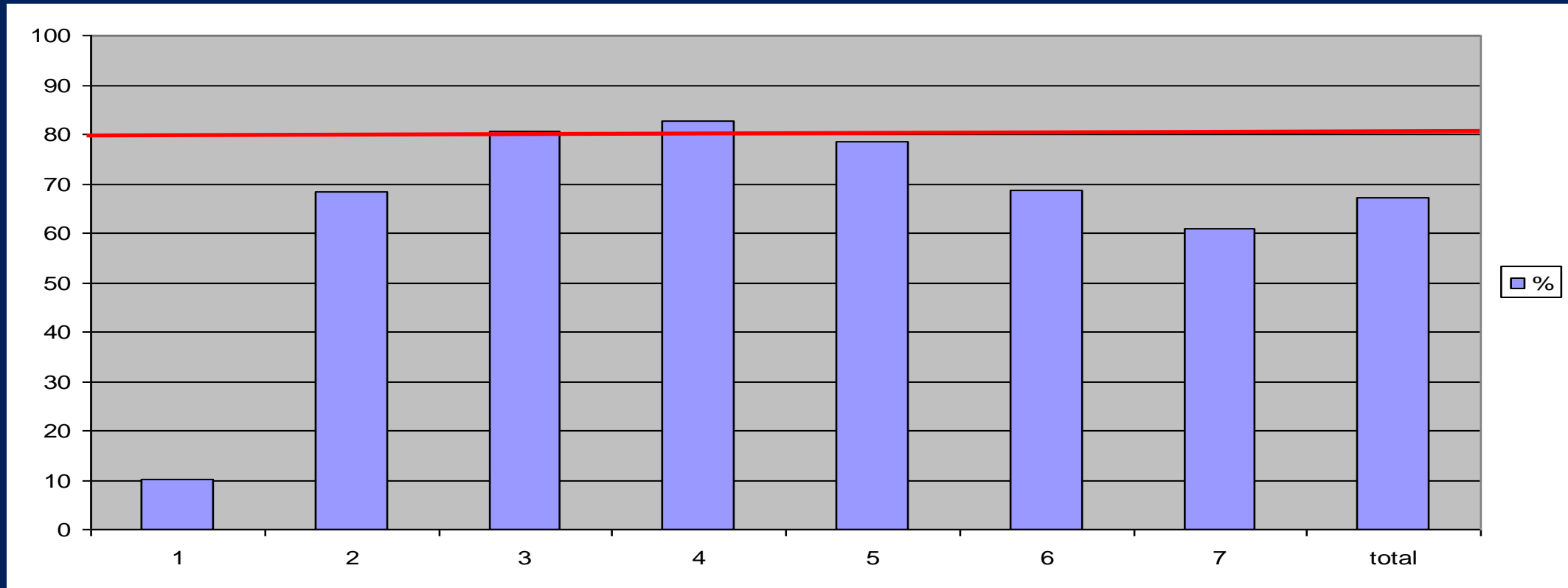
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Results - % clear margins



EFC Standards - comments

	CIN2+ in Excisions	Margins
Reliable	✓	✓
Relevant	✓	?
Valid	✓	??

Further work needed



Conclusions



OBGYN training include only the basics of colposcopy

Colposcopy only undertaken by trained colposcopists

Need for defined training programmes with QA

Need for agreed performance QA standards

Colposcopic practise needs to be monitored



From little acorns...

