

Clinical visit to Wales with a view to training and certification in colposcopy

In Sweden and in other Western European countries the population based cervical screening programme has had a major impact on both morbidity and mortality from squamous cervical cancer. In a Swedish audit, Andre et al demonstrated that non- adherence to screening was the major reason for cervical cancer morbidity but also that lack of adequate follow-up with colposcopy and directed biopsies after an abnormal smear test played an important role (Andre B. et al 2008). Colposcopy has a central role in the management and treatment of women with abnormal screening tests. However, the sensitivity of colposcopy to predict high-grade disease is limited and has been under debate. Some authors have stated that regardless of skill, performing more biopsies increases the sensitivity (Pretorius et al. 2004)) and others that sensitivity improves if the colposcopist is adequately trained. In the UK, a training programme for colposcopy was established as a response to concerns expressed from the public and medical authorities about quality and organisation of the cervical screening programme. They identified a need for a training programme, which would ensure that colposcopists were adequately trained and most of the practising colposcopists in the UK today are BSCCP certified. “The aim of the training programme is to enable trainees to obtain the core knowledge, develop the necessary skills and the personal and professional attributes to enable competency in colposcopy.”

During a basic colposcopy course in Stockholm a trainee gave a presentation about the programme and I got interested. In June 2014 when I visited the I.F.C.P.C (the International Federation for Colposcopy and Cervical Pathology) world congress in London I made contact with Dr. Simon Leeson, Consultant Gynaecologist and Oncologist, Honorary Senior Lecturer who has been instrumental in developing the electronic database used for colposcopy training, which helps the trainees keeping track on their training. He took care of me as a trainee and welcomed me to Bangor in North Wales. After much paperwork and planning I finally

registered as a trainee through the BS CCP (The British Society for Colposcopy and Cervical Pathology). With great enthusiasm and curiosity I went to Ysbyty Gwynedd Hospital in Bangor and Glan Clwyd Hospital in Bodelwyddan and started my training for certification in colposcopy in November last year. The BS CCP training curriculum is subdivided into theoretical knowledge and colposcopic experience. The theoretical areas are stated in the syllabus and a basic colposcopy course is required for entry training. The colposcopic experience is based upon direct clinical supervision (50 cases) and indirect clinical supervision (100 cases). The direct supervision means that the trainer is physically present throughout the colposcopic examination and under the second phase the trainee will independently undertake diagnostic colposcopy but the trainer is always on hand if help is needed and not committed to other procedures. The use of an electronic logbook to registrar all cases facilitates the training process. Continuous feedback to the trainee and assessment of the trainees progress is really important. This is facilitated through a series of mandatory educational tools like Case based Discussions (CbD), Clinical evaluation exercises (mini-CEX) and Objective structured assessments of technical skill (OSATS). There is also an additional treatment module if you intend to perform treatments. This module comprises twenty local treatments as LLETZ (Large Loop Excision of the transformation Zone) and cold coagulation (ten witnessed and ten performed under supervision) inclusive in the 150 core module cases.

During this training I have had multiple different trainers and in that way I have got the experience of learning from different people. I have had a really good mix of cases and I have also attended Multidisciplinary Team Meetings (MDT) a forum where you discuss management of difficult cases. Most trainees usually completed their training within twelve to eighteen months.

Once the on-line Colposcopy case log book is completed and submitted to the BS CCP you may apply for the examination which runs twice a year in Birmingham. This exit exam or OSCE (Objective Structured Clinical Examination) must be passed to obtain the final certification.

To sum up, this has been a very instructive and valuable year to me. I am so grateful that I got the opportunity to take part in this colposcopy-training programme. I have learned a great deal and I have collected new useful experiences, which I most likely can derive benefit from in my future duties. It has also been a great pleasure to get to know many new colleagues and friends and of course also to experience a new part of our beautiful world, North Wales. I think the training program is of greatest value to all young gynaecologists who are going to take care of women with abnormal smears but also to all women who have to go through a colposcopy examination. They can be reassured that the quality of the examination and management of their case will be the very best.

A great Thank You to the lead colposcopist Dr Simon Leeson and his fantastic staff at Ysbyty Gwynedd Hospital and Glan Clwyd Hospital for letting me be a part of your great practice but also to Alicia Price, my great and generous hostess for accommodation and to my own clinic at Danderyd's hospital for supporting me in this project. Last but not least the NFOG fund for partial support.

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