

Guidelines for Training Requirements in Colposcopy and its Related Treatment Modalities

These training guidelines have been reviewed and approved by the Association of Professors of Obstetrics and Gynaecology of Canada (APOG) and the SOGC/GOC/SCC Policy and Practice Guidelines Committee and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.

PRINCIPAL AUTHOR

Susan M. McFaul, MD, FRCSC, Ottawa ON

THE EXECUTIVE COUNCIL OF THE SOCIETY OF CANADIAN COLPOSCOPISTS

James Bentley, MD, FRCSC, Halifax NS

Monique A. Bertrand, MD, FRCSC, London ON

Lizabeth Brydon, MD, FRCSC, Regina SK

Peter Bryson, MD, FRCSC, Kingston ON

Terence J. Colgan, MD, FRCPC, Toronto ON

Fernando Guijon, MD, FRCSC, Winnipeg MB

Susan M. McFaul, MD, FRCSC, Ottawa ON

Marie-Claude Renaud, MD, FRCSC, Quebec City QC

Alexandra Schepansky, MD, FRCSC, Edmonton AB

R. Michael Shier, MD, FRCSC, Toronto ON

V. Cecil Wright, MD, FRCSC, Komoka ON

SPECIAL CONTRIBUTOR

Wylam Faught, MD, FRCSC, Edmonton, AB, on behalf of the Association of Professors of Obstetrics and Gynaecology of Canada

ease of the lower genital tract. Colposcopy is also used in evaluating HPV infection and epithelial changes of the vulva and vagina.

At present, the competence of physicians providing colposcopic services varies widely. Those providing colposcopic services should have sufficient training to provide an acceptable standard of care. The Society of Canadian Colposcopists, together with university centres, should determine the acceptable standard of care and endorse a training program for all physicians who wish to practise colposcopy in Canada. In university centres, colposcopic services should be part of the gynaecology programs. Ideally, there should be links between the peripheral hospitals and the tertiary care consulting gynaecologic oncology programs.

TRAINEES

Trainees would be from the following groups:

- residents in obstetrics and gynaecology programs
- fellows-in-training in gynaecologic oncology programs
- obstetrician–gynaecologists in practice
- other physicians with a dedicated interest in intraepithelial neoplasia, epithelial changes of the lower genital tract, and colposcopy.

PRECEPTORS

Preceptors are skilled colposcopists with adequate volume of clinical practice to maintain competence and to participate in teaching trainees.

TRAINING REQUIREMENTS

Goals and Objectives

The goal is to provide an environment where the skills required to practise in a competent manner can be acquired. The training period would be a minimum of three months

J Obstet Gynaecol Can 2006;28(4):314–316

INTRODUCTION

Colposcopy was developed as a procedure that combines a variety of clinical and mechanical skills to assess and evaluate women with potential neoplasia of the cervix. Over the years, this technique has been expanded to include evaluation and management of patients with intraepithelial neoplasia and early invasive dis-

Key Words: Colposcopy training, residency training, colposcopy, training guidelines, colposcopy guidelines

This guideline reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Local institutions can dictate amendments to these opinions. They should be well documented if modified at the local level. None of these contents may be reproduced in any form without prior written permission of the SOGC.

and would include colposcopic examination of at least 100 new patients with abnormal cytology on referral Pap smear; 30 of these examinations should be on patients with high-grade squamous intraepithelial lesions (HSIL). Each trainee would perform a minimum of 10 procedures in a given treatment modality under supervision prior to performing them independently. All trainees would require a basic colposcopy course, including LEEP/laser, as part of their training requirements.

There would be four components of the training program: diagnosis, therapeutic modalities, documentation, and maintenance of competence.

Diagnosis

Trainees must acquire the basic knowledge in molecular biology, cytology, and histology to understand the natural history of pre-invasive disease and epithelial conditions of the lower genital tract. They should be familiar with the clinical presentation of these conditions and completely trained in colposcopy. Knowledge of the normal appearance of lower genital tract epithelium and its benign variations must be mastered. Recognition of atypical epithelial patterns associated with pre-invasive and invasive neoplasia must be acquired.

Therapeutic Modalities

Trainees should acquire sufficient skills in the therapeutic regimens available in their region for the management of patients with lower genital tract disease, including indications for and complications of treatment. Treatment skills should include knowledge of topical agents and of surgical techniques currently in use. The mechanical skills required to excise or ablate lesions of the lower genital tract must be acquired.

Documentation

A logbook should detail cases, including referral Pap smear, colposcopic findings, clinical impression, final cytological and histological diagnoses, and record of treatment. The logbook would confirm exposure to the required number of new high-grade lesions. The colposcopy preceptor would review the logbook and trainer evaluations with the trainee.

Maintenance of Competence

Adequate clinical volume would be an integral part of maintaining competence. Continuing medical education would include a regional, national, or international meeting in colposcopy or an advanced colposcopy course every few years. Participation in a provincial quality assurance program is recommended, if one is available.

TRAINING PROGRAMS

Residents in Obstetrics and Gynaecology Programs

The training program for residents should take place in existing university teaching hospitals that have comprehensive colposcopy units. The program should include a three-month period of colposcopy, cytology, and histology. Sufficient volume must be available to provide exposure to new patients with pre-invasive and early invasive disease of the lower genital tract, as well as to follow-up patients. Trainees must become experienced in the management of these patients and gain knowledge of all the therapeutic techniques: laser ablation/excision, LEEP, cryotherapy, cold knife cone, and topical agents. The trainee must be competent in the usual treatment modalities employed in their geographic area since these vary with the availability of resources and equipment. Clinical colposcopic experience must be complemented by dedicated time in the pathology department to further trainees' understanding of the cytological and histological correlation of the colposcopic evaluation. The goal of providing combined exposure to cytopathology and histopathology is to enable trainees to understand the natural history and pathophysiology of the condition and the cytological and histological diagnosis as it pertains to management. Trainees should learn correct nomenclature to describe cytological and histological differences in degrees of abnormalities.

The director of the residency training program would discuss the progress of each trainee with the colposcopy preceptor to confirm that he or she had achieved an adequate level of skill to practise colposcopy upon completion of the residency program.

Fellows-in-Training in Gynaecologic Oncology

The training program, although similar to that for residents, would be enhanced to provide fellows with the level of expertise necessary for them to function as tertiary care consultants when training was completed. Fellows would be encouraged to dedicate research time in the area of colposcopy.

Practising Obstetrician–Gynaecologists

The training program would be similar to that for residents in obstetrics and gynaecology.

Other Physicians in Special Circumstances

These physicians would require programs tailored to their specific needs. The minimum requirement would be four to six months of training, similar to that for residents in obstetrics and gynaecology. These programs would be authorized by the postgraduate program director.

ACKNOWLEDGEMENT

The *Guidelines for Training Requirements in Colposcopy and its Related Treatment Modalities* were originally written by Gordon Lickrish, MD, for the Society of Canadian Colposcopists.

REFERENCES

1. American Society for Colposcopy and Cervical Pathology (ASCCP). Practice recommendations: mentorship program requirements. Available at: <http://www.asccp.org/edu/mentorship.shtml>. Accessed February 17, 2006.
2. British Society for Colposcopy and Cervical Pathology (BSCCP). Certification in colposcopy.
3. Society of Colposcopy and Cervical Pathology of Singapore. Structured colposcopy training programme. Available at: <http://www.sccps.org/>. Accessed February 17, 2006.
4. Redman CW, Dollery E, Jordan JA. Development of the European Colposcopy Core Curriculum: use of the Delphi technique. *J Obstet Gynaecol* 2004;24(7):780–4.