

IFCPC – IARC Colposcopy Training Course 2017

Challenges to colposcopy training,
globally

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Disclosures

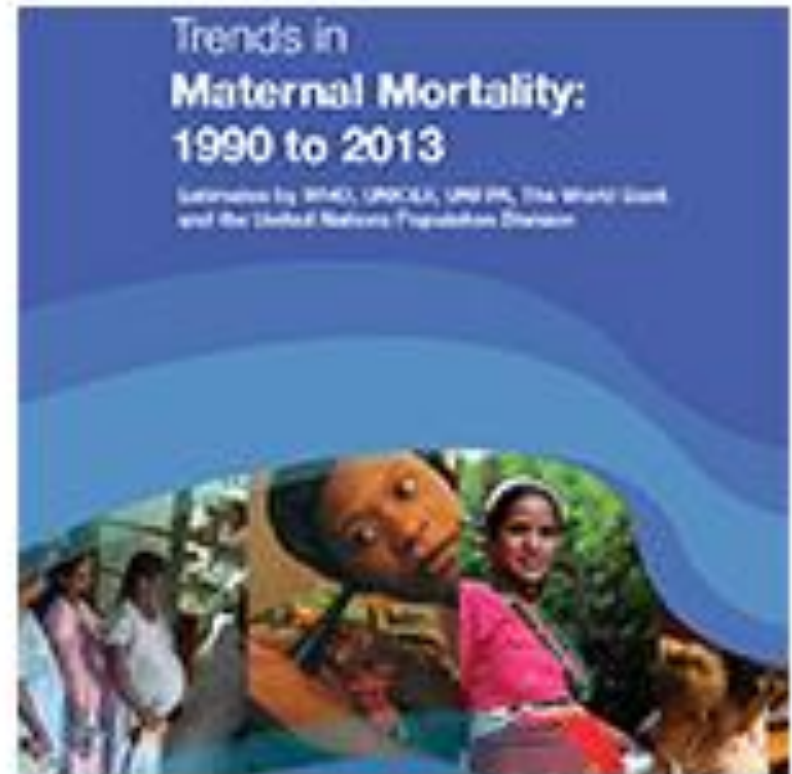
- I have received royalties from Utah Medical
- I am on the medical advisory board of Zilica
- I am a medical advisor to Liger Medical LLC
- I am a medical advisor to AAYUNA LLC

Mortality in young women

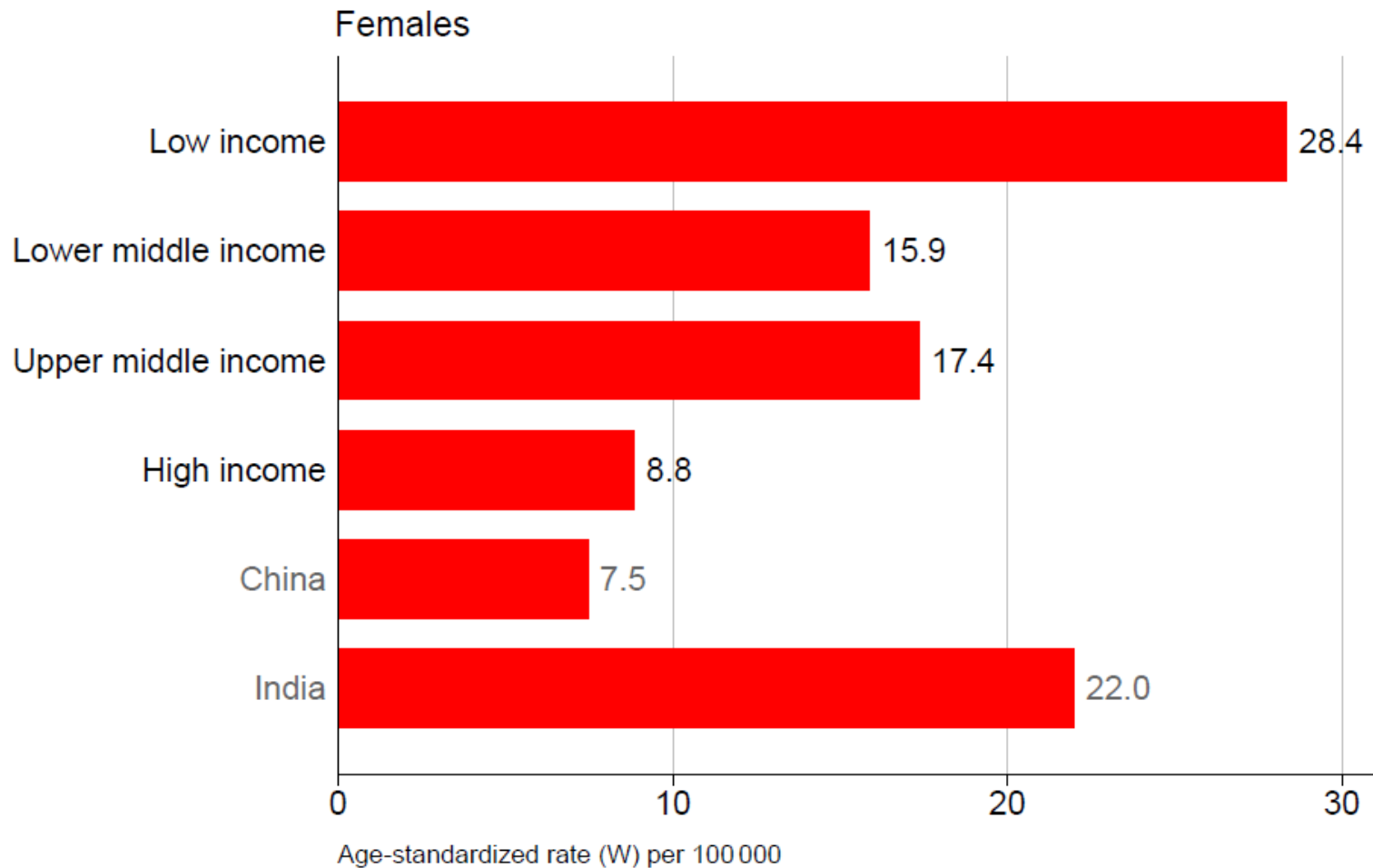
Maternal Mortality

Cervical cancer

Maternal mortality has
dropped by 40%
over the last two
decades



Incidence of Cervix Cancer



The unvaccinated present adult population is unprotected

- Over 3 million women will die from cervical cancer in the next ten years unless prevention is scaled up

- *Vivien Tsu, Paris 2016*

HPV positivity rates

- Perhaps 6 to 7% of all women in Northern India over 35
but
- 22% of all women in Madagascar over 35

Global pre-cancer services

- Very few oncology or pre-cancer services
- Distance from health services is a real problem
- Training opportunities very limited
- Standard of colposcopy very variable

Screening in emerging regions

- Recent and widespread
- Often by VIA, maybe by HPV
- Will generate large numbers of screen positives who will be best served by colposcopic evaluation & management
- Can colposcopy services cope?
- Is see, screen and treat the answer?

Screen and Treat with VIA

- Best option now, ? sustainable
- VIA
 - Designed to miss disease
 - Subjective
- CRYO
 - Implementation fraught with problems
 - Expensive, bulky, gas supply
 - Long treatment (3,5,3)

Colposcopy practice and training

- Hugely variable
- Structured training becoming the norm in Europe, Australia, Canada and, perhaps soon, the USA
- If colposcopy is to be employed it should be quality assured and performed by trained personnel

Training is necessary

- Obvious
- Different skills required
 - Knowledge / theory
 - Image recognition
 - Technical skills
 - Communication skills
 - Management
 - Logistics / service provision / admin

Evolution of training programme since 2014

- Liaison with EFC, LAFC, IARC, ISCCP, AORTIC, BS CCP French, Indian and Chinese Societies
- Development of still image and video case library, Log book and competencies list
- Pilot programme in Brazil in July 15

IFCPC-IARC Colposcopy and Cervical Cancer prevention programme

- Structured, progressive, comprehensive and accessible
- Includes theory, image recognition, case management and clinic modules
- Assessed continuously during the course and by OSCE exam at the end
- Certificate of completion of course and of passing the exam

The IF CPC-IARC Colposcopy training course

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in collaboration with

International Agency for Research on Cancer

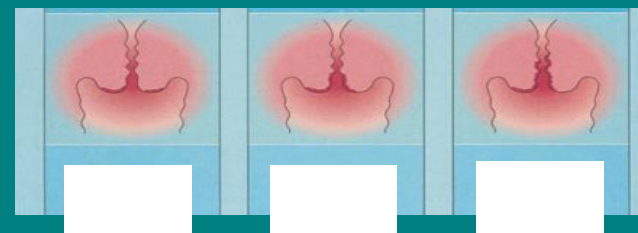
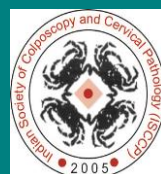


Colposcopy training course



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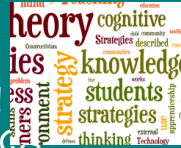
A comprehensive, multimodal training course incorporating theoretical knowledge, image recognition and clinical skills followed by an exit exam and a certificate of course completion for successful trainees

At a glance

Comprises 4 modules
(over approximately 12 months)

1. Theoretical knowledge

25 online video recorded lectures delivered weekly over 6 months, each followed by MCQs



2. Image recognition Skills

28 case images delivered weekly (6 months)



3. Case management skills

Individual video recorded cases delivered



4. Clinical colposcopy skills

Mandatory attendance at an accredited colposcopy trainer's clinic to perform 50 directly supervised cases



Mandatory performance of 100 indirectly supervised cases; recorded in designated logbook to be certified by the accredited trainer

Further information : <http://www.ifcpc.org>
See 'Education & Courses'

Registration 1: Apply on-line through
<http://www.ifcpc.org>

Registration 2: Eligible candidates will be cleared to sign-up

Eligibility and practicalities

Trainee requirements

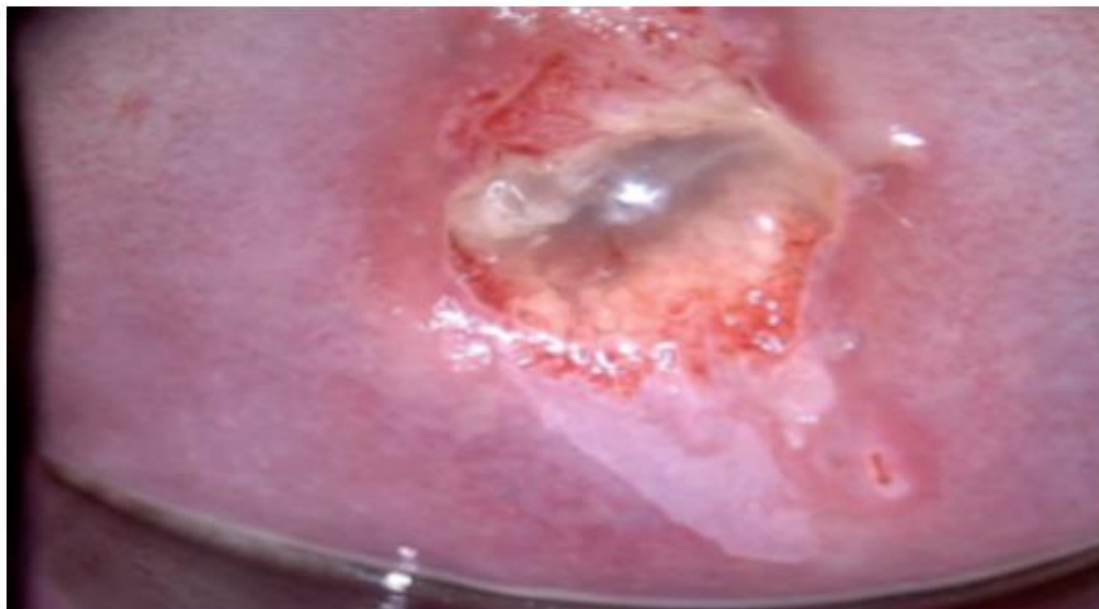
- Eligible to practice colposcopy as per National regulations
- Has access to a colposcopy clinic
- Has Internet access
- Has the possibility to attend an accredited colposcopy clinic for practical training
- Has the necessary time available to complete course requirements
- Can attend the exit Objective Structured Clinical Examination (OSCE) at end of course

Trainer requirements

- Has adequate experience in colposcopy and management of screen-positive women
- Has sufficient time and clinical case-load to facilitate one or more trainee(s)
- Has time available to attend an IF CPC-IARC *Training the Trainers* seminar before the course
- Can complete the on-line theoretical course (free of charge to trainers) prior to taking on trainees
- Has sufficient clinical throughput to facilitate/enable the course for one or more trainee(s)

Cost (to trainees): US\$500 (plus travel to take the OSCE at a designated national centre)

Training need	Common practice	Possible means of delivery in LMICs
Theoretical knowledge	2 or 3 day course of lectures	25 lectures delivered online with mandatory questions and answers after each lecture
Image recognition skills	Attained in a clinic over time	50 still images with specific colposcopic characteristics in each one disseminated on line : these should develop image recognition skills
Case management skills	Attained in a clinic over time	100 video cases, each with online questions and answers, again delivered on line: these will develop case management skills
Colposcopy cases seen under supervision	50 cases in a colposcopy clinic with half of these high grade.	Direct management under supervision of 50 cases in a colposcopy clinic with half of these high grade.
Colposcopy cases seen without direct supervision	Submission of 100 colposcopy case details to trainer	Submission of 100 colposcopy case details to nominated trainer for review
Exit Assessment on completion of training	OSCE	OSCE



IFCPC-IARC Training course in Colposcopy and the prevention of Cervical Cancer

- Click [here](#) for more information about the course and how you can become a trainee or clinical trainer

Theoretical module of IFCPC-IARC Training Programme

- 30 lectures and supportive reference material on the web delivered on a fortnightly basis over 6/12
- Web based question and answer following each lecture
- 30 cases each with several images and known histology

Can HPV Testing be the Sole Primary Screening Modality ?

Jack Cuzick, PhD

Wolfson Institute of Preventive Medicine
Queen Mary University
London, UK



Practical / Clinic part of Course

- To manage 50 cases under supervision = perhaps 1 month (half new, 10 HSIL).
- 50 unsupervised cases may be logged at trainees' own centre and assessed by trainer (half new, 10 HSIL).
- OSCE exam at end of the course

Prerequisites for participation in the course

- Work in a unit where some form of screening is provided such that pre-cancer patients need colposcopy and management.
- Have the support of the unit where the delegate is working.
- Have the necessary colposcopic equipment.
- Have regular access to the internet.

Principles

- A graduate of an IFCPC course should be competent independent of region
- Colposcopy clinic experience is core
- 50 directly supervised cases, 50 indirectly supervised cases.
- Trainers need to be trained in training and assessment techniques.
- Examination and accreditation.

Training and Assessment

- ***‘Training the Trainers’*** seminar
 - Establish agreed principles of training and practice
 - Define methods and tools of training and assessment
 - Agree amount and character of training
 - Agree numbers of patients trainee needs to manage
 - Recognize significant time commitment

2017 planned courses

- Brazilian pilot course completed (Portuguese)
- 2 in Africa (French and English)
- One in Spanish Latin America (Spanish)
- One in Eastern Europe (Russian and English)
- One in India (English)
- ? China in 2017 / 2018

Challenges

- Identifying busy clinics
- Identifying devoted trainers
- Cost of faculty to attend TTS
- Cost of faculty and trainees to attend OSCE
- Expense for trainees to attend training clinic

Accreditation/Certification

- What ambitions should the course have for trainees?
- How '*standard*' should the course be? (is cytology relevant everywhere?)
- How realistic is a valid, global accreditation system?

Summary

- We have a responsibility to train
- It is not easy
- It is possible
- It needs agreed protocols
- It needs commitment of regional experts
- It needs collaboration with Regional Societies and or Federations

Thank you for your
attention

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