UK Accreditation and Recertification

AEPCC

LAS PALMAS November 2016

walter123prendiville@gmail.com

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Orlando, Florida奥兰多佛罗里达

| April 2-7, 2017 2017.4.2-4.7

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tiert nach Lexer)). Dazu kommt noch, daß die meist vorhandenen Hautabschürfungen in der Verletzungsgegend, die eine Infektion allenfalls begünstigen, inzwischen zur Abheilung gebracht werden können. Deshalb erscheint das Abwarten in vielen Fällen doch vorteilhafter zu sein, als die sofortige Operation, insbesondere auch deshalb, weil es außer einem geringgradigen Zeitverlust keinerlei Nachteile bringt.

Interessante Beobachtungen aus dem Gebiet der Sehnenregeneration bzw. über das Verhalten von operierten Sehnen wären den pathologischen Anatomen sicher möglich. Da aber die alten Sehnenverletzungen kaum im Zusammenhang mit der Todesursache stehen, entgehen sie meist der Aufmerksamkeit des Sezierenden, obwohl für Chirurgen und Orthopäden gerade solche Befunde auch sehr wissenswert wären. Vielleicht ist es gerade jetzt auf Grund der vielen Muskel- und Sehnenverletzungen des Krieges möglich, hier neue Beobachtungen zu machen.

Verwendete Literatur.

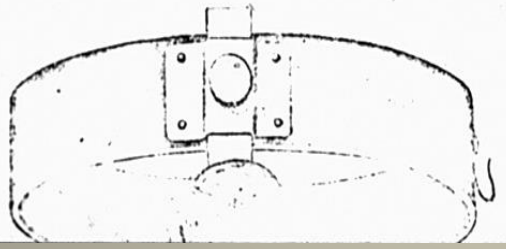
Albrecht: Arch. f. Orthopäd. und Unfallchirurgie 23. Bd., H. 13. 1924. — Bier: D.m.W. 1917 18. — Braus: Anatomie des Menschen, I. Bd., 1922. — Handb. d. prakt. Chir. VI. Bd., 1923. — Maydl: D. Zschr. f. Chir. 1888. — Lexer: Allgem. Chirurgie 1922. — Küttner: D.m.W. 1922. — Saar: Die Sportverletzungen. —, Salomon: Arch. f. Chir. 1921. — Schwarz: D. Zschr. f. Chir. Bd. 173. — Wehner: D. Zschr. f. Chir. Bd. 177.

Aus der Frauenklinik der Universität Bonn.
(Direktor: Geh.-Rat von Franqué.)

Verbesserung der Inspektionsmöglichkeiten von Vulva, Vagina und Portio.

Von Prof. Dr. Hans Hinselmann, Oberarzt der Klinik *).

Ausgehend von den Bedürfnissen der Frühdiagnose und der Aetiologie des Portiokarzinoms war ich bestrebt, die Besichtigung der Portio zu verbessern. Von vorhandenen Mitteln bot sich mir zunächst die von Eickensche Stirn-



Zu diesem Zweck habe ich die Leitzsche binokulare Präparierlupe mit einer Beleuchtung versehen lassen. Auf diese Weise kann man bei großem Objektabstand und intensiver Beleuchtung Scheide und Portio ableuchten und Vergrößerungen von 3,5 an erreichen. Je nach Länge der Scheide und Zugänglichkeit der Portio kann man sie in situ mit Vergrößerungen bis 10,5 bis 30 beobachten. Mit dieser Einrichtung habe ich seit Monaten in zunehmendem Maße gerne gearbeitet. Sie gestattet uns, alle Erkrankungen der Vulva, des Vestibulums, der Scheide und der Portio in einer Weise zu studieren, wie es bisher nicht möglich war.

Die Optik habe ich auf einem Stativ anbringen lassen, das Bewegungen in allen Richtungen gestattet und zu feinster Einstellung eine Mikrometerschraube trägt.

Man untersucht im allgemeinen ohne Zedernöl, vereinzelt empfiehlt sich außerdem die Aufhellung mit Zedernöl.

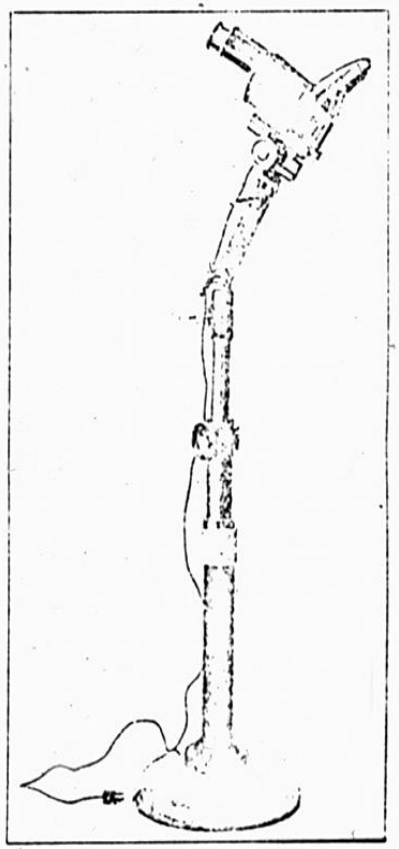


Fig. 2. Kolposkop.

Die Leistungsfähigkeit dieser Methode besteht darin, daß sie uns Veränderungen aller Bestandteile der Haut, der Epidermis, des Bindegewebes und der Gefäße erkennen läßt, die

29th GVS meeting
Hamburg and Berlin
22nd – 30th May 1937

After the meeting Wilfred Shaw arranged for a colposcope to be delivered to Barts. Shaw made reference to the technique in his textbook in 1948. It is not clear how much if at all the instrument was used. It was discovered in a corner of women's outpatients by James Andrew in 1956

The Early Years

- James Andrew provided a monthly colposcopy clinic at Barts in the 1960s and 1970s and gave an annual tutorial to medical students on the use of the instrument (Feb 1972)

BSCCP – The Early Years - Joe Jordan

‘The Society was formed in my back garden in Birmingham in 1972. Present at the time were myself, Albert Singer and Archie Crompton. We agreed that we would meet twice a year to discuss developments in colposcopy. We decided we would name the group:

‘ The Colposcopy Study Group’

Current BSCCP

- A fully staffed administrative office
- 3000+ members
- Integral part of the NHSCSP
- Contributions to research, training and quality

BSCCP Role in governance

- BSCCP provides the training programme
- BSCCP manages the certification and recertification
- Course and certification endorsed by RCOG

But

- ***BSCCP has no role*** in policing who practices
- Hospital managers decide who is allowed to perform in their hospital or clinic
- Maybe insurance companies will follow

Evolution of BSCCP training and recertification programme

- Consensus driven
- Slow process at introduction
- Grandfather clause at outset
- Widely accepted
- Now virtually mandatory requirement (though not policed by BSCCP)

Colposcopy Certification

- April 1997
- QA of cervical screening programme
- To ensure that colposcopists are adequately trained
- Technically and diagnostically proficient
- Good communication skills

Colposcopy Training

- Obtain and develop necessary knowledge, skills and attributes to be competent in colposcopy
- Theoretical knowledge
  - basic colposcopy course
  - trainees manual
- Clinical competence
  - apprenticeship

Trainers

- Clinical supervision
- Active trainer involvement
- Monitor progress with regular formative review
- Provide advice and feedback
- Direction and assessment of training
- Enable trainee to complete training
- Assess whether trainee has satisfactorily completed training

Entry Requirements

- Membership of the British Society for Colposcopy & Cervical Pathology
- Recognised nursing or medical qualification
- Register with BSCCP for training

Training Requirements

- Attendance at a BSCCP accredited Basic Colposcopy course
- Histopathological/Cytopathological sessions

Training syllabus

This knowledge can be acquired from:

BSCCP approved basic colposcopy course
BSCCP approved advanced colposcopy course
Personal study
Tuition from trainer

Training syllabus

- The normal cervix
- Cervical screening
- Cervical neoplasia
- Other lower genital tract sites
- The equipment
- Pregnancy and contraception
- Principles of Management

Diagnostic module

1. Direct supervision of 50 colposcopy cases (of which at least 20 must be new cases, of which 10 must be high-grade disease)
2. Indirect supervision of 100 cases (of which at least 30 must be new cases, of which 15 must be high-grade disease)
3. Completion of the log book
4. Histopathological and Cytopathological sessions

Treatment Module

- Witness at least 10 cases of local treatment
- Perform *under supervision* at least 10 cases of local treatment
- Competency assessed by trainer

BSCCP Electronic Logbook

- On-line
- Print hard copies
- Diagnostic +/- treatment
- Theoretical
- Cases
- Submit when completed on-line

Summative Assessment

- Log book reviewed by CTC
- Confirmation of signing off by trainer
- Electronic logbook – automatic vetting
- Exit OSCE

Accreditation and Recertification

- Accreditation on satisfactory completion of training
- Recertification every three years
- Process is all online via the BSCCP website
- Lasts for 3 years
- Everyone has to recertify
- Recertification is easy

Recertification tasks

- Colposcopists must see the requisite number of new abnormal smear presentations during the audit period.
- The audit period is any twelve month period in the 36 months (3 years) prior to the recertification date.
- The requisite number of new presentations is 50.

Clinic workload

- The 50 cases can be made up as follows:
- • A minimum of 25 new cases with abnormal cytology
- • A maximum of 25 new cases referred with abnormal symptoms or an abnormal appearing cervix or multi focal lower genital tract disease referrals within or between colposcopy clinics

Not reaching the numbers

- A colposcopist who, for any reason, is unable to see the number of new patients required by the time in question may apply for recertification provisional upon a 12 month audit showing an increase in the numbers of new patients seen, being submitted within 12 months. After 12 months the colposcopist will be placed on the “Suspend” list.

CME

- Colposcopists must have attended at least one BSCCP recognised intermediate/advanced postgraduate meeting, or alternatively a BSCCP Annual Scientific Meeting, in the preceding 3 years. It is essential to keep and be able to present attendance certificates as evidence

- A colposcopist who has failed to attend a recognised meeting within the preceding 3 years may apply for recertification provisional upon a certificate of attendance at an appropriate recognised meeting being submitted within 12 months of the recertification date. After 12 months the colposcopist will be placed on the “Suspend” list.

COST OF RECERTIFICATION

- To remain on the BSCCP Register of colposcopists the Colposcopist should either remain a fully paid up member of the Society, or pay an Administration Fee of £200 when applying for the Certificate. A colposcopist who is a member of the Society but fails to pay the annual subscription will receive certification provisional upon receipt of payment within 6 months of the due date (1st January). After 6 months the colposcopist will be removed from the register of colposcopists if payment is still not forthcoming.

Fundamentals of accreditation acceptance in UK

- It started slowly, with Grandfathering for established and busy colposcopists
- It wouldn’t have happened without consensus
- It has to be logistically easy
- It should be managed by the National Society
- The National Society sho

The Birth and Development of Colposcopy

1921	Hans Hinselmann (deputy professor of Hamburg Univ.) with Leitz technicians devised the first binocular colposcope
1925	H.H. first paper on colposcopy
1933	H.H. first book “Einfuhrung in die Kolposcopie”demonstrated that the origin of cervical cancer occured in a sheet of epithelium as opposed to a solitary focal lesion
1930/50	H.H. disciples (Mestwert, Limburg, Wespi, Navratil, Ganze, Antoine, Coupez and Kolstad) spread the technique in Europe. Argentina and Brazil were educated in colposocopy by Jakob and Riepert. Many of them refined and modified H.H. original concepts.
1939/45	H.H.’s wartime activities delayed wider acceptance of his research efforts
1950/60	In Italy Luigi Carenza and Giuseppe De Palo and in Spain Gonzalez Merlo and Santiago Dexeus are the most conspicuos representants of the second wave of illustrious masters of colposcopy always in Europe.
1960/70	The English speaking countries arrive later to the club thanks to Joe Jordan in the UK, Malcolm Coppleson in Australia and Adolf Stafl in the USA

I.F.C.P.C.

INTERNATIONAL FEDERATION FOR CERVICAL PATHOLOGY AND COLPOSCOPY

Mar del Plata
Argentina
1972

The objects of the Federation shall be:

- **a) To stimulate basic and applied research and the diffusion of knowledge in matters concerning uterine cervical pathology and colposcopy.**
- **b) To stimulate the creation of national societies.**
- **c) To contribute to the standardization of terminology and evaluation of diagnostic and therapeutic procedures in the field of cervical pathology.**
- **d) To hold at regular intervals world congresses, each successively in a different country. To sponsor on request regional or national congresses organized by affiliated societies. Where possible, to help coordinate the dates of conferences which are relevant to the field of cervical pathology.**
- **e) To represent affiliated societies whenever joint scientific action appropriate.**
- **f) To establish and maintain relations with other international organizations and to promote activities which further the objects of the Federation.**

Management of precancer

- Screening
- Investigation
- Treatment
- Follow up

- Describe differences globally

Utility of Colposcopy
Growing tension between 2 camps

- A) simply a means of directing a biopsy
- B) A comprehensive management tool
  - Confirmatory diagnostic tool in screen+ve women
    - after triage by molecular markers
  - The only way to determine TZ type
  - A precise treatment guide
  - A valuable follow up tool in tandem with HPV and other biomarkers

Utility of Colposcopy

- Has to be quality assured to be valuable
- Demands continuing experience
- Demands a systematic approach
  - Adequate
  - TZ type
  - Swede score
  - documentation

Bad colposcopy

- The occasional colposcopist
- Examining low prevalence population
- With inadequate equipment
- Poorly reimbursed
- Taking multiple random biopsies
- Without quailiative laboratory support
- Perhaps in theatre

Good colposcopy

- Experienced, accredited colposcopist
- Examining population with high prevalence of disease
- With good equipment, adequate analgesia, a supportive skilled nurse assistant
- Properly reimbursed
- In the office or outpatients department

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