European Journal of Obstetrics & Gynecology and Reproductive Biology 188 (2015) 124–128

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

E.L. Moss [a,*], C.W.E. Redman [b], M. Arbyn [c], E. Dollery [d], K.U. Petry [e], P. Nieminen [f], N. Myerson [g], S.C. Leeson [h]

[a] *Department of Gynaecological Oncology, University Hospitals of Leicester and University of Leicester, Leicester, UK*
[b] *Department of Gynaecological Oncology, University Hospitals of North Midlands, Stoke-on-Trent, UK*
[c] *Unit of Cancer Epidemiology, Scientific Institute of Public Health, Brussels, Belgium*
[d] *European Federation of Colposcopy, Birmingham, UK*
[e] *Department of Gynaecology and Obstetrics, Klinikum Wolfsburg, Germany*
[f] *Department of Gynaecology and Obstetrics, Helsinki University Hospital, Finland and University of Helsinki, Finland*
[g] *Department of Gynaecology and Obstetrics, Bradford Teaching Hospital NHS Foundation Trust, UK*
[h] *Department of Obstetrics and Gynaecology, Betsi Cadwaladr University Health Board, Bangor, Gwyndd, UK*

ARTICLE INFO

Article history:
Received 19 December 2014
Accepted 4 March 2015

Keywords:
Colposcopy
Training
European Federation for Colposcopy
Delphi
Curriculum
Accreditation

ABSTRACT

Objectives: Colposcopy training and assessment is not uniform across Europe with individual countries determining their own required standards and regulations. In light of the significant changes in colposcopic practice that have occurred over the past decade and the expansion of the European Federation for Colposcopy (EFC) membership, a study was conducted firstly, to assess the current requirements for training in each of the member countries and secondly, to review an EFC-approved core training curriculum for colposcopy.
Study design: A questionnaire survey of the EFC representatives from all member countries investigating their country's current practices/requirements with regard to training, assessment and accreditation for colposcopy. A two-round Delphi consultation with representation from the full, associate and three potential member countries was conducted using a 5-point Likert scale for scoring opinions. The results were analysed with respect to each country's population size and World Bank economic classification.
Results: For the questionnaire survey, responses were received from 31/34 countries invited to participate. Training programmes were reported to be in place in 21 of the 31 countries but only 17 of the 21 countries had a committee overseeing the training programme. An assessment was part of the training programme in 20 countries with multiple choice questions and portfolios the most common assessment tools. Countries with a population size less than 2 million have a statistically significant lower probability of having a structured training/assessment programme, 1/5 compared to 20/26 for a populations greater than 2 million, $p = 0.013$. For the Delphi study, responses were received from 34/39 countries invited to participate. Of the 51 competencies previously identified only 2 did not receive full support: 'perform bacterial swabs' and 'provide data to national body'. There was no significant difference in the responses given by member, associate member or potential member countries.
Conclusions: There is considerable variation in colposcopy training and assessment across Europe. This study has enabled consensus opinion with the EFC on the contents of an EFC core curriculum. The revised curriculum has a mandate from the EFC member countries to be implemented across Europe as the standard for colposcopic training.

© 2015 Elsevier Ireland Ltd. All rights reserved.

Introduction

European Federation for Colposcopy (EFC) was founded in 1999 and initially included only 14 member countries. Over the past 15 years the EFC has grown in strength and influence and now

* Corresponding author at: Department of Cancer Studies, Clinical Sciences Building, University of Leicester, Leicester Royal Infirmary, Leicester, UK LE2 7LX. Tel: +44 116 2587597.
E-mail address: em321@le.ac.uk (E.L. Moss).

http://dx.doi.org/10.1016/j.ejogrb.2015.03.012
0301-2115/© 2015 Elsevier Ireland Ltd. All rights reserved.

comprises of 34 member countries and two associate member countries. It is essentially a collective body representing all the national colposcopy societies of the member countries and as such it seeks to aid and support member countries in all aspects of cervical screening including advising expected standards for colposcopy, cytology and pathology [1–3]. One key area that has been identified as an issue of difference across the membership, and where it is felt that standards need to be improved, is in the training and accreditation of colposcopists [4,5]. It is acknowledged that the screening programmes, provision of medical care and medical training differ greatly amongst the many countries in Europe and these aspects can be effected by many factors including the country's own traditions, economy and size of their population. It is therefore a great challenge to try and bring consensus and agreement on the issue of training across such diverse communities.

The Delphi technique is a structured communication technique that has been used in many settings and professional domains in order to gain consensus on guidelines and policy and to orient future recommendations [6]. The strength of this technique comes from all the experts contributing towards the outcome and can therefore feel ownership of the final result. It has been previously used by the EFC to determine a list of quality standards for an audit of colposcopic practice [7], which is now currently being evaluated in several European countries.

In order to assess the current state of coloscopic training across Europe two studies were performed. The first was a questionnaire to authorised representatives of the member countries attending EFC satellite meetings in order to gain information on the current requirements for colposcopic training and the processes for assessment and revalidation. The second was a Delphi consultation in order to update the training curriculum core competencies, which were determined by the consensus agreement in the year 2000 [8].

Methods

The studies were developed at EFC satellite meetings in 2011 and 2012 in Berlin. Information was collected on whether a national colposcopy training programme was in place, the nature of the regulatory body, the training and assessment requirements and ongoing revalidation of competency in colposcopy. A questionnaire survey was distributed at an EFC representatives working group meeting to all EFC members (Albania, Austria, Belgium, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, FYR Macedonia, Georgia, Germany, Greece, Hungary, Israel, Italy, Kosovo, Latvia, Lithuania, Malta, Netherlands, Norway, Poland, Portugal, Republic of Ireland, Romania, Russia, Serbia, Slovakia, Slovenia, Spain, Sweden, Turkey, United Kingdom) in 2014. Non-responders/attendees were emailed a copy of the questionnaire over the following 6 months, with at least two reminder emails in order to increase the response rate. The results were analysed by size of country population (greater than 20 million, 10–20 million, 2–10 million and less than 2 million) and World Bank classification (high-income, middle-income) [9].

A two-round Delphi consultation was conducted with up to two senior colposcopists, who were authorised to participate in the survey by their national societies, from the each of the EFC member (Albania, Austria, Belgium, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, FYR Macedonia, Georgia, Germany, Greece, Hungary, Israel, Italy, Kosovo, Latvia, Lithuania, Malta, Netherlands, Norway, Poland, Portugal, Republic of Ireland, Romania, Russia, Serbia, Slovakia, Slovenia, Spain, Sweden, Turkey, United Kingdom), associate member (Denmark, Switzerland) and potential member countries (Bosnia and Herzegovina, Bulgaria, Montenegro). The majority of the representatives belonged to the same cohort of representatives that were present at the satellite meetings and participated in the first study. Participants were asked to give the opinion of their national society by considering the importance of each of the current competencies determined during the previous Delphi consultation in 2000 using a 5-point Likert scale [10]. The respondents were also given the opportunity to suggest additional competencies that could be added to the list for scoring by the group. Round 2 enabled the participants to revise their scores in light of the scores given by the group as a whole in round 1. The study was conducted using an internet-based survey tool with each national society representative being emailed a link to each of the rounds of the survey. Two reminder emails were sent 2 and 3 weeks after the initial invitation to each round in order to encourage participation. As with the previous EFC Delphi consultation [7], a mean score was calculated for each competency per country in order to ensure equal representation for the countries where only one respondent had participated.

Results

Responses for the questionnaire survey were received from 31 of the 34 member countries, response rate of 91.2% (Austria, Belgium, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, FYR Macedonia, Georgia, Germany, Greece, Hungary, Israel, Italy, Kosovo, Latvia, Lithuania, Malta, Netherlands, Poland, Portugal, Republic of Ireland, Romania, Russia, Serbia, Slovakia, Slovenia, Sweden, Turkey and the United Kingdom). A training programme existed in 21 of the 31 countries, however only 17 of the countries had a committee overseeing the structure of the training programme. Four of the 25 countries that reported running a course for colposcopy training did not have a structured training programme. An individual country's capacity for training and number of training places was not known by many of the representatives however, only six countries reported that there were inadequate training places for their trainees (Cyprus, Estonia, Greece, Israel, Russia and Turkey).

When asking views on the training case-load, 93.3% (28/30) of respondents agreed that there needed to be a minimum number of cases seen and managed individually by the trainee. In this case-load, 86.2% (25/29) felt there should be a stipulated number of new cases – median of 50 cases (range 15–300), 73.3% (22/30) agreed that there should be a stipulated number of cases with high-grade dyskaryosis (HSIL) – median 25 cases (range 15–50), and 80.0% (24/30) thought there should be a stipulated number of cases seen under supervision – median 40 cases (range 5–300).

An exit assessment was reported as being part of the training programme in 20 countries (Austria, Croatia, Czech Republic, Finland, France, FYR Macedonia, Georgia, Germany, Greece, Hungary, Italy, Latvia, Portugal, Republic of Ireland, Romania, Russia, Serbia, Slovenia, Sweden and the United Kingdom). Multiple-choice questions were the most common assessment tool (12/20), with other modalities of assessment being a portfolio of cases (11/20), an objective structured clinical examination (OSCE)(9/20), problem-based learning (8/20) and essays (3/20). Although only 14 counties expressed an interest in developing an EFC colposcopy accreditation that could be used across European countries a further 11 (25/30) identified that the EFC could be of use to their national training programme primarily with developing structured training and gaining consensus with regard to training requirements.

There was no difference in responses between the countries when analysed by World Bank classification between the high-income and middle-income countries however, when the results were grouped according to population size a difference in the provision of training and a national re-accreditation process was seen. Countries with a population size less than 2 million have a

Download English Version:

https://daneshyari.com/en/article/3919707

Download Persian Version:

https://daneshyari.com/article/3919707

Daneshyari.com