***International Training Programme***

***in Colposcopy and Cervical preCancer Management***

**Overview**

The programme will establish a sustainable comprehensive and effective training programme in Colposcopy and cervical precancer management for colleagues in Low- and Middle-Income Countries (LMICs). It will provide selected trainees with the necessary skills to become independent colposcopists and future trainers. It will establish global standards for training courses in colposcopy and cervical precancer management

**IFCPC**

The IFCPC is a Federation of National Colposcopy Societies. There are currently 45 member societies each of which contribute to the Federation according to their membership numbers. It was created in 1972 and holds a World Congress every three years. The most recent one was held in Orlando, USA in 2017 and the next one will be in India in 2020. The federation has an executive board and a number of standing and ad hoc committees. Officer terms last three years. The IFCPC has a number of ambitions and responsibilities, the most important of which is to reduce the burden of cervical cancer globally. Because of effective screening and vaccination programmes cervical cancer rates are falling in many Western countries. The disease is ideally placed to respond to primary and secondary prevention and really should not exist. However, globally, incidence and mortality rates from the disease are actually increasing. Whilst the great majority of expertise in cervical cancer prevention are in the West, the great majority of disease exists in LMICs.

A growing number of LMICs have begun to implement screening programmes and to a lesser extent vaccination programmes. These programmes are rarely equivalent to established and successful programmes in the West. The lack of laboratory or clinical management services are serious impediments to effective reductions in incidence and mortality rates. As a result many regions have introduced Visual Inspection techniques as the primary screening method. Furthermore, the programmes in LMICs often incorporate a ‘*screen and treat’* approach to screen-positive women in an attempt to maximise efficiency and because of the lack of appropriate training and expertise in the management of screen-positive women (i.e., Colposcopy and excisional treatment of HSIL). There is an urgent need to train colleagues in the management of screen-positive women in LMICs. Lack of expertise may lead to over- and under-treatment. The potential to bring screening and vaccination programmes into disrepute is real. The IFCPC is committed to implementing realistic multifaceted training in the management of screen-positive women in LMICs.

**Evolution of the programme**

The IFCPC has run a Distance Learning Course for the last number of years. This course was largely theoretical and delivered on line. More recently the programme has been developed to include a number of different teaching styles so that it is able to produce competent colposcopists who also receive hands-on training and who become capable of independent practice. In 2016, the IFCPC signed a memorandum of understanding with the International Agency for Research on Cancer (IARC) and more specifically with colleagues in the Screening Group and Education and Training Group. IARC is the world-renowned cancer research agency of the World Health Organization. The course now incorporates a meaningful component of both image recognition and case management skills, as well as a defined quantity of colposcopy cases managed in a colposcopy clinic, both directly supervised and unsupervised. During discussions with members from a number of National Societies and Regional Federations of Colposcopy, a relative consensus regarding the fundamental requirements of a training programme has evolved.

These are :

* theoretical knowledge
* image recognition skills
* case management skills
* communication skills
* decision making skills
* practical hands on training

**The programme components**

The integrated components of the IFCPC-IARC training programme detailed above will be delivered progressively during courses in a structured manner. Trainees will have gained most of the theoretical knowledge, much of the image recognition skills and some of the decision-making skills***before*** attending or managing a patient in the live clinic situation, even under supervision. The table below lays out the traditional and current programme methods of providing these components.

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| ***Training needs*** | ***Traditional or common practice*** | ***IFCPC-IARC Training programme*** |
| Theoretical knowledge | 2- or 3-day course of lectures | 29 lectures delivered online with mandatory questions and answers after each lecture |
| Image recognition skills | Attained in a clinic over time | 1000 still images (from 200 cases) 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 under supervision | 50 cases in a colposcopy clinic, half being high-grade | Direct supervision of 50 cases in a colposcopy clinic with at least 10 being high-grade or cancer or glandular disease |
| Colposcopy cases seen without direct supervision | Submission of 100 colposcopy case details to trainer | Submission of 50 colposcopy case details with at least 10 being high-grade or cancer or glandular disease (complete with logbook) to nominated trainer for review |
| Exit Assessment on completion of training | OSCE\* | OSCE |

\* OSCE: Objective Structured Clinical Examinations

The essential components of the IFCPC-IARC training programme include:

* A means to address each of an agreed list of core competencies
* A comprehensive theoretical course, delivered over the internet
* An image recognition module delivered before the trainee attends a colposcopy clinic (using the IFCPC and IARC still image libraries)
* A case management module delivered partly in a recognized busy colposcopy clinic with devoted trainers who themselves have undergone a *‘training the trainers’ seminar*. Many case management skills may also be learned before attending a colposcopy clinic using video recorded interactive clinical cases. Articulate software is appropriate for this.
* Acceptance by an agreed trainer for clinical training
* 50 new colposcopy cases managed under the direct supervision of a trainer, at least 10 of which are high-grade or cancer or glandular disease
* 50 cases managed without direct supervision at least 10 of which are high-grade or cancer or glandular disease, but reported in a logbook to be submitted to the trainer for review
* Attendance at a summary training / review course (perhaps one day)
* Attend an OSCE exam for trainees (travel at trainees’ expense) who have satisfied their trainers and the requirements of the course
* For those who pass the OSCE a certificate of course completion or a certificate of training will be awarded. This will ***not*** imply competence (which is a medico-legal nightmare).

**Theoretical content**

Approximately twenty-five core lectures have been created by recognized experts in five languages using Camtasia video recording. These lectures are updated regularly

**Training the Trainers Seminar**

Before starting a course, the Regional course directors will host a *training the trainers seminar (TTS)* using faculty from IFCPC and IARC to define the objectives and practicalities of the training course. The TTSs will describe and discuss in detail the training and assessment needs of the course to the individual colposcopy clinic trainers involved in the course. Appropriate TTS material has been generated for these courses and continues to evolve.

***Course examination***

The face to face OSCE style of examination for competence in clinical practice is well established and appears to be the most objective and fair way of assessing competence at this time. It will be challenging to design equivalent examination ‘at a distance’ for trainees in LMICs and at this time it may be the only workable assessment method available. The disadvantage of this is the cost of travel for both local trainers and faculty from IARC, IFCPC as well as the time involved for busy clinicians. Alternatively having trainees travel to a convenient OSCE centre (convenient to the faculty) will be expensive for trainees. At this time the OSCEs will be run regionally, hosted by the regional course director, but supervised by the IFCPC Education Committee.

**Rationale for the Training Programme**

It is not easy to provide feasible and yet successful skills-based training in LMICs. Access to a comprehensive training programme with an experienced preceptor in a busy colposcopy service can be challenging, even in a country with an established colposcopy service. It is very much more difficult in those regions where screening programmes are just beginning yet where the need for colposcopy training is most urgent.

It is clear from discussions between many governmental and non-governmental organisations that there is an urgent need to train colleagues charged with caring for screen-positive women. Although levels of expertise in clinical practice vary enormously across the globe competence in preventive medicine is even more important. ***Any woman attending a doctor or nurse colposcopist should expect a minimum standard of both knowledge and competence*.** Although there will be different management options and strategies in different regions, a colposcopist should be able to offer a minimum level of care, which meets minimum quality standards. A large number of organisations have run colposcopy training courses in emerging regions of the world, but many of these have been short, theoretical with limited practical or clinical training. The very worst thing to offer a colleague wishing to become a colposcopist is poor or inadequate training. It is with this in mind that the IFCPC has developed a common set of standards for training programmes. This course has been developed because of the need for and difficulties associated with expert clinical training in the management of screen-positive women in LMICs. It is a combination of sophisticated on line teaching and local hands-on clinical training followed by a realistic OSCE.