



BSCCP

The British Society for Colposcopy and Cervical Pathology

2009 is 'Recertification Year'

**Summer
2009**

A letter from the 'new' President



Greetings to all from a very sunny Cambridge. I feel honoured and very humble, having taken over as President of the BSCCP from Walter Prendiville. I am sitting in my office looking out onto a small garden within the hospital and am reminded of the many things that we should be grateful for. Many of you were able to attend Dublin for the 2009 BSCCP Annual Scientific Meeting. Walter Prendiville and his team had organised a superb scientific and social programme and deserve much credit and thanks. The large turnout was testament to the quality of the meeting (and possibly the need to attend for recertification!).

Some of the highlights from the Dublin meeting and AGM were:

- The award of the BSCCP 'Founders' Medal' to Adolf Stafl.
- Establishment of three further audits in conjunction with the NHS Cancer Screening Programme :
 - (i) The Management of Glandular Cervical Disorders
 - (ii) Audit on the use of GA in Colposcopy
 - (iii) Follow-up of Women with Microinvasive Cervical Cancer
- The BSCCP website continues to develop and is a resource both for trainees and trainers alike.
- The International Federation for Cervical Pathology and Colposcopy (IFCPC) has significant representation from the BSCCP. Patrick Walker is the elected President of IFCPC - we know that he will be a driving force within international colposcopy.
 - (i) The next meeting of the IFCPC will be in Rio de Janeiro in the summer of 2011.
 - (ii) The 2014 IFCPC meeting will be held in London.

- A management structure review of the BSCCP has taken place and this will be taken forward by the Executive so that we have a secretariat that is 'fit for purpose'.

- Research Committee under the chair of Pierre Martin Hirsch to take forward national projects.

- Establishment of the 'Jordan-Singer' BSCCP Research Prize - annual award of up to £10,000. Details can be obtained from the BSCCP secretariat or from the website.

Other issues that have arisen in the last six months are in relation to the HPV vaccination programme which continues with high coverage of eligible girls. There was prominent publicity in relation to the cervical screening programme when Jade Goody had her cervical cancer treated and discussed very much in the media spotlight. The Minister of Health responsible for the screening programme in England asked Henry Kitchener to set up an extra-ordinary meeting to discuss various issues in relation to the screening programme, but in particular concentrating on the age when cervical screening should start. The Minister made her announcement on 24th June 2009. The outcome was that the cervical screening programme in England would continue to screen women from the age of 25 onwards. Further work was being commissioned in relation to the appropriate investigation and management of symptomatic women suggestive of cervical pathology.

The Department of Health link is

http://www.dh.gov.uk/en/News/Recentstories/DH_101427

I continue to be grateful to Liz, Debbie and Sharon in the BSCCP secretariat for their unstinting dedication to the Society and making sure that it continues on a firm footing. The accommodation for the BSCCP offices is under review and various options are currently being considered.

I personally would be delighted to hear from anyone in relation to BSCCP matters. This can either be via the BSCCP secretariat or directly by email mahmood.shafi@addenbrookes.nhs.uk or telephone - 01223 348203.

*Mahmood Shafi
President of the BSCCP*

A letter from the 'new' Secretary

Certification and Training

The Committee has worked hard over the last few months to ensure that the training offered to our trainees remains of high calibre and is assessed according to well defined competency criteria. As of 1/8/08 all trainees must be using the new forms of assessment which can be obtained from either the BSCCP training website or from the RCOG website. These assessment tools are exactly the same as the tools used by the RCOG but specifically written for colposcopic training. It is vital, if you are undertaking training with these new tools, that the trainee must realise that the assessments should be performed throughout their training period. The idea of competency based training is to demonstrate progress and therefore documentary evidence is required to show that the trainee has moved from a position of in-experience to a position where they are competent to undertake diagnostic colposcopies and treatments if desired. From the 1/1/09 all new trainees have to enter their log book of cases and checklists for covering the curriculum on line. This electronic data base has been developed by Simon Leeson in conjunction with the European Federation for Colposcopy. The BSCCP, because of its significant track record in education and training, took a lead in developing this data base which we hope to expand to other European societies. Once a candidate has entered all their cases onto the electronic database and completed the curriculum checklist they will then be in a position to apply for the OSCE examination. There is no requirement for the trainee to submit their competency assessment forms as the trainer will be required to confirm that these have been completed and that the candidate is eligible to undertake the examination. The trainer will be contacted independently by the BSCCP to confirm that a candidate has completed the training successfully and is eligible to take the OSCE examination.

Through the leadership of Gill Barnes and Maggie Cruickshank the Committee is pleased to say that progress is being made on a post graduate certificate in colposcopy, run through the University of Cardiff. This would contribute in terms of points towards an MSc in Advanced Practice. The Committee hope to develop firm criteria and an arrangement with the University of Cardiff over the next few months so that we are able to establish the above proposal.

It was decided at the last meeting of the Certificate and Training Committee that the grandfather clause would no longer be open after 31/12/09. This is some 11 years after the introduction of certification and it was felt by the Committee that all practicing colposcopists should be aware of the training requirements and there should be no reason why someone would require to be grandfathered after this date.

The important issue of maintaining a caseload in order to remain a member of the BSCCP as always produces constant debate. We are aware that the criteria for membership of the BSCCP is not the same as the requirement laid down in NHSCSP Document No 20. It was felt by the Committee that the requirement for the number of cases to maintain BSCCP certification was appropriate. However this did not mean that a colposcopist should not undertake at least 50 new cases of women referred with abnormal cytology every year as per the standards laid out in NHSCSP Document No 20. We have therefore instructed the National Working Group that it is the responsibility of the visiting colposcopists at the time of the QA Visits to ensure that all colposcopists are maintaining the level of 50 new cases per year and that the provision of a BSCCP certificate does not exempt them from the requirement to maintain a suitable practice on a yearly basis.

NHSCSP QA Working Group

The group remains very active and recent changes in policy relating to national cancer reform strategy will have a significant bearing on the delivery of colposcopy services. With effect from 1st December 2008, in England, all women with a high grade smear abnormality (moderate or severe dyskaryosis, ? invasion, glandular neoplasia) are to be placed on the 62 day pathway for cancer care.

Women with ? invasive smears and glandular neoplasia are no longer part of the 14 day pathway. The rationale for this change is that women referred with the above smear abnormalities are at increased a risk of having an invasive cancer being diagnosed. However the incidence is quite low and the majority of these women will have micro invasive cancers that are not clinically apparent on colposcopic examination. In order to prevent a significant alteration in clinical practice it was agreed by the Committee, and endorsed by the Director of the National Screening Office, that women should not be subjected to "see and treat" in order to exclude invasive cancer. It was therefore acceptable to exclude cancer based on colposcopic examination. If there is no obvious invasive cancer at colposcopic examination then the woman is placed on the 18 week pathway. Of course, some of these women will eventually be found to have invasive cancer but these will most likely be micro invasive cancers which have a prognosis similar to that of CIN III.

The Committee was also informed that there was a review of the English cervical screening programme to take place in light of the recent publicity relating to young women developing cervical cancer. As you will now be aware, this review decided not to change the age of the screening programme for women in England. Therefore routine screening will continue to start at the age of 25. The policies in Scotland and Wales remain unchanged and screening in those countries starts at the

Secretary's letter continued

age of 20. The Committee continues to work with other groups within the cervical screening programmes to develop guidance for quality assurance visits. The guidance for the conduct of a visit has recently been published (NHSCSP No 30). This document will be used in conjunction with a tool kit that will allow visitors to obtain relevant data as to the facilities in the clinic. Clinical performance including benchmark criteria, audits, administrative and IT support. Work is still being undertaken on the tool kit as it is likely to be upgraded following publication of the updated NHSCSP No 20 document.

The update to NHSCSP document No 20 is now in its final draft. It has been sent out for wide consultation over the next 6 weeks and the aim is to finalise the document by the summer with a proposed publication by the end of the year. The document has been widely distributed and should be available from the Regional QA lead.

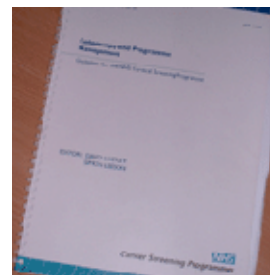
There has been much discussion amongst colposcopists, including at the national group meeting, over the recent recommendations from the BHIVA over the role of HIV testing in women referred with high grade smear abnormalities. It was acknowledged that early intervention in women who are HIV positive has a positive health outcome. However it was felt there was no evidence to suggest that screening of all women with high grade smear abnormalities was valid and, therefore, routine screening was not applicable. However each individual patient should be assessed and the advantages and disadvantages of HIV testing discussed with them. A formal policy as to whether routine screening should be introduced will await a decision from the Advisory Committee for Cervical Screening.

The joint audit programme between the NHSCSP Working Group and the BSCCP is becoming very fruitful. We have been disappointed in the number of responses that we have received and this to some extent influences the chances of these audits being published. Audit as you are aware is an important part of the delivery of colposcopy services and they will also help develop performance criteria for further updates of the NHSCSP Document No 20 and benchmark outcomes. The National Working Group and the BSCCP would like to encourage all members who are approached to complete one of the national audits to do so if at all possible for the above reasons.

The HPV Sentinel Site Study has now completed at its six locations. The study is now being evaluated but HPV testing for women referred with low grade smear abnormalities will continue at the six sites until a decision has been made whether to roll out HPV triage.

John Tidy
Honorary Secretary of the BSCCP

Update of Document 20



A revision of the NHSCSP Colposcopy Guidelines is due later this year. Currently the final draft is being scrutinised by the National QA Colposcopy Group before being forwarded to the NHSCSP for publication. Patient representation and the British Society of Clinical Cytology have also reviewed the planned changes. *There is no change to the age and frequency of screening.* New sections have been added for advice to patients awaiting treatment, the management of borderline endometrial cytology, patients exposed to diethylstilboestrol *in utero* and whether cytology should be repeated at the initial colposcopy visit. Other sections have been modified importantly with modification of post hysterectomy management, follow up after treatment and further recommendations for the function of colposcopy multidisciplinary team meetings.

The HPV Sentinel Site studies have been completed but recommendations for HPV testing within the screening programme are not to be included in this upgrade. However the importance of this work is acknowledged.

Simon Leeson
Editorial Board

The Website (www.bsccp.org.uk)

During the last year the focus of the ITC together with the CTC has been to modify the website in a strategic way to more closely reflect what it is that the BSCCP is about. We have remodelled the home page using a new look wider format and have included a shortcut to the training section of the website. In addition to this we have started a process of upgrading the training materials available on the website using flash technology to provide protected educational presentations with narration as well as a lively forum of debate via the journal club on line.

The recent Annual Scientific meeting of the BSCCP was recorded and we will be uploading excerpts onto the site in the next month or so. Please remember that this is your website and check in from time to time to review any new materials and to check the progress. We are happy to review any submissions you have in terms of lectures, case presentations, images, videos or journal club presentations.

The Website ... continued

Keep in contact – get involved -We want to hear from you let us know what you think. Together we can continue to improve to ensure the website is one of which we can all be proud.

*Grainne Flannelly
Chair of the IT Committee*

A reciprocal visit to UBTH Nigeria on a BSCCP Overseas Scholarship Award

I made a reciprocal visit to the University of Benin Teaching Hospital (UBTH), Benin City, southern-Nigeria from November 14 – November 21 2008. My activities included lectures on cervical screening and colposcopy (attended by consultants and Residents of UBTH and neighbouring Irrua Specialist Teaching hospital), running colposcopy clinics and theatre sessions.

Current estimates indicate that every year 9922 women are diagnosed with cervical cancer in Nigeria and 8030 die from the disease. There is as yet no national cervical cancer-screening programme. In addition to opportunistic screening, UBTH has a well-organised walk-in health screening service that includes cervical cancer screening serving the local population. This service feeds directly to the colposcopy unit. As with any new service, the colposcopy unit has teething problems including lack of adequate equipment (the colposcopy was old and malfunctioning – I had to resort to visual inspection based technique), staffing and administrative support. Nevertheless, we picked up and treated dysplastic cervical lesions. The current CMD assured me of his support to the colposcopy unit and is supporting an application to the histopathology/cytology department at the Chase Farm hospital by one of his consultant histopathologist to visit in early 2009 to gain further expertise in this area.

I believe that this initiative by the BSCCP is of immense benefit and will help to reduce cervical cancer related deaths in the population served by UBTH. I am grateful to the BSCCP for the travel award and Liz Dollery for a flawless process in the handling of the administrative details involved in the travel award. I am also grateful to my Trust (BCF) for giving me the time off to undertake this reciprocal visit and of course, Dr. Okonkwo who was an excellent host.

*Mr. Dan Selu-Ojeme MBA FWACS FMCOG MRCOG
Consultant Obstetrician and Gynaecologist
Barnet and Chase Farm Hospitals NHS Trust*

A letter from ‘Liz’

Hi from rainy Birmingham! I notice that the President says he is actually in ‘sunny Cambridge’. However, he did write his article for this newsletter some time ago and so I imagine that he is now sitting in a ‘rainy Cambridge’. What’s new in the world of the BSCCP Secretariat? It goes without saying, we are very busy still, even though it is summer and you should all be away on your holidays by now.

Training - Debbie struggles on dealing with all the training matters and ‘wheeling and dealing’ trying to find places for everybody who wants to sit the OSCE. We did think that applications to sit the OSCE would diminish over the years but, so far, definitely not. The last OSCE in May started off with a bit of a blip as our famous bell had been mislaid. This is the bell I ring between OSCE



stations. In desperation we found a set of children’s musical instruments and having tried the tambourines, the drum and the bells on a stick we settled on the Triangle as the best option. This was not a great success as it was very quiet and I ended up shouting and running around knocking

doors between stations. I am glad to report that this did not last too long and neither did it appear to put the examinees off their stroke as most of them passed the exam.

**Recertification via the ‘Grandfather Clause’ -
Lead Colposcopists please see the notice at the end
of the newsletter as a matter of urgency**

NHSCSP/BSCCP Audits - Sharon is in charge of finances and audits in the office. She is trained in accountancy and manages the finances for the Society admirably. However, the audits which she is trying to administer are a different matter. The arrangement is that the BSCCP support the NHSCSP office to conduct useful and worthwhile audits. To do this, however, as Mr Tidy has pointed out, we are reliant upon the co-operation of you, our members. Unfortunately only a minority of the membership are co-operating at the moment with the remainder seeming very reticent to complete the audit questionnaires, either manually or on-line, which Sharon thought would be easier and less time consuming for everybody. These projects are very hard work to organise both for the person who is leading the audit and for Sharon who has to deal with masses of administration. I do appreciate how very busy everybody is nowadays, with endless amounts of paperwork involved in every aspect of our daily lives, and I understand that this is just another thing to do, but please, please try and find the time to help. It will be very much appreciated by all.

A letter from 'Liz' ... Continued

It is time to recertificate on the 1st September 2009. I have received lots of Audit forms already, but I think there are hundreds more to come in. So please do not forget. Provided you have your username and password for the website you can obtain a form from the following link <http://www.bsccp.org.uk/index.asp?PageID=41> and you will find several suitable meetings you can attend on the website if you have not been to one within the last 3 years <http://www.bsccp.org.uk/index.asp?PageID=169>

In 2010 Brighton will be hosting our next Annual Scientific Meeting on the 15-16 April. I have been down there several times now to look at venues and hotels and I must say it is a fabulous 'buzzy' seaside city and the Dome, where the meeting will be held, is in an ideal location. The Local Organising Committee has some great ideas to ensure that the meeting is a success and so it will be well worthwhile putting the date in your diaries for next year.



BSCCP Office Accommodation and 'Liz's retirement' are two ongoing subjects. Firstly, the girls and I have been looking at local office accommodation which is very nice, but expensive. Nonetheless we do feel happy that we will be able to find something suitable. However, for the time being we have been given a reprieve as it would appear that the demolition of Norton Court has been delayed for year or two. With regards to my retirement, I have at last started to work a 4 day week and will not generally be in the office on a Monday. My idea was to cut down my hours even more this year but that is not to be. My dear daughter decided to get married in April of this year. She is the PR & Marketing Manager at the Warwickshire Cricket Ground and could have had the lovely facilities there and the catering for next to nothing BUT 'no Mum' she said, 'I work there every day of my life and my fiancé plays cricket there. I don't want to get married there as well. I would rather go to the Hyatt'. I will say no more, I am likely to be working until I am 70 to pay for it!! Seriously though, it was a lovely day and she is worth it!

BSCCP Awards

The BSCCP are trying to give away money to no avail!! I cannot believe that there are not doctors and nurses out there who would like the chance to extend their studies, and yet the lack of members contacting us to apply for BSCCP funding is 'deafening by its silence'. If you have a worthwhile project you would like help with we are here to listen. For details of 'our latest offers' please see the attached sheet.



Enjoy the rest of the summer and make sure you always take your umbrella with you.

Liz



Arrangements for the European Congress in Berlin on 27-29 May 2010 are well advanced.

Harold zur Hausen, who was awarded the Nobel Prize for his work on HPV will be the guest lecturer. The Congress will be preceded by one day courses in Colposcopy and of Vulval Disease. Professor Ulrich Petry, President Elect of EFC, is organising the Con-

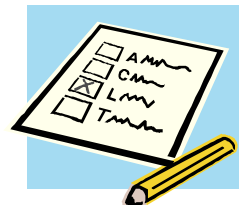
gress, and I can tell you that it will be a full and exciting programme with some world class speakers. Details about the Congress and Registration can be found on the Congress website www.efc2010.de Amendments to the EFC Constitution will be discussed in Berlin. The second draft has been sent to all member countries for comment. New officers will be elected, and the venue for the meeting in 2016 decided.

Simon Leeson is now the chair of the Education Committee and following Charles Redman, he knows that he has a hard act to follow! Simon has made a brilliant start, but then, we expected no less! We have had some excellent courses this year. In March, there was a combined meeting with IFCPC, RCOG and the Lithuanian Society of Obstetrics and Gynaecology - this was attended by 122 participants, and proved so successful, that RCOG has asked EFC to participate in the next course, which will probably be in Kosovo, in May 2010. Professor Diakomanolis held his annual course in Athens in June - there were 120 at the hands on session and 220 at the 2 day course which followed that. Simon then went to Romania at the end of June, where he was joined by Narendra Pisal and Peter Bosze of Budapest.

Another date for your diary - EBCOG (European Board & College of Obstetrics and Gynaecology) will be holding the 21st European Congress of Obstetrics and Gynaecology in Antwerp on 5-8 May 2010. EFC will be holding basic and advanced training courses in conjunction with this meeting. The website for the meeting is www.ebcog2010

2009 has already been a fruitful year and there is much more to come. 2010 will be even more fruitful, and certainly a year to look forward to.

Joe Jordan
EFC



It is the time of the year again to start thinking about whether you wish to apply for an ACCEA and, if so, do you wish the BSCCP to consider supporting your application. You will find information on how to apply for an award on the following link

<http://www.dh.gov.uk/ab/ACCEA/index.htm> In the 2010 round "B" holders will only be able to apply for a Silver CEA"

If you wish the BSCCP to support your application you should send your application to Liz Dollery, BSCCP Co-ordinator by email before the 11th November 2009. The BSCCP have to submit its rankings to the ACCEA by 11th December 2009 and, the office need sufficient time to consider and process your application.

Members who wish to be considered should also prepare a short 50-100 word self citation drawing attention to their contribution locally, regionally and nationally to the clinical delivery of colposcopy services, education, teaching and research. We would also ask for a sheet of paper commenting on the following:

- (i) Are you a lead colposcopist? Is this session recognised by a notional half-day from your employer?
- (ii) Are you a representative on the regional QA? Is this position recognised by a salaried session from your employer?
- (iii) Have you taken part as a visitor in a regional peer review QA exercise?
- (iv) Has your unit been visited in the last 18 months for peer review? Was the peer review report satisfactory?
- (v) Do you contribute specifically to local audit?
- (vi) Please comment on any educational training or research initiatives for which you have lead responsibility.

Forthcoming Courses & Meetings

Please see our website:

www.bsccp.org.uk

**In Healthcare Professionals /
Event Calendar**

Attention: Lead Colposcopists

Please note that after 31st December 2009 there will no longer be a facility to apply for BSCCP certification via the 'Grandfather clause' which, in the future, could prohibit a person from carrying out colposcopy for their Trust.

Do check that everybody in your Unit holds a current BSCCP certificate.

In April 2010 nominations are required for positions on the Executive for a North Eastern Representative, Eastern Representative, Midlands Representative and London Representative

The Nomination form can be downloaded from the 'Members' Area of the website www.bsccp.org.uk in the 'Newsletter' section

A link for the full list of the new Executive Committee Members for 2009-2010:-

<http://www.bsccp.org.uk/index.asp?PageID=54>

2009 Awards – Dublin Annual Scientific Meeting - May 2009

Dr M Younis - Best Oral Presentation , Dr C Ang - Best Poster , Dr R Peevor – Highest scoring OSCE

10 Best Abstracts – Travelling bursaries

Dr A Baird, Dr N Banu, Dr G Botros, Mrs P Dunn, Dr A Horne, Mr A Khan, Dr A Mukhopadhyay, Dr H Muppala, Dr R Ronghe, Dr M Samuel, Dr M Younis

BSCCP Overseas Scholarship - £2,200

Mr David Fenton & Mr David Nunns -To visit Nepal, India to run Colposcopy Courses and teach - £1000 and to bring doctors from Nepal to a Colposcopy Unit in the UK to train in colposcopy - £1200

Contact:

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We're on the web:

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