



BRITISH SOCIETY FOR COLPOSCOPY & CERVICAL PATHOLOGY

Accreditation of Basic Colposcopy Courses

Criteria against which to assess any existing or **proposed** theoretical basic colposcopy course.

Each basic colposcopy course should compose of a series of lectures which address the following points.

1. The normal cervix

- 1a The structure and function of squamous epithelium, columnar epithelium and cervical stroma.
- 1b The process of, and stimuli for squamous metaplasia.
- 1c The influence of age upon cervical epithelium.

2. Cervical Screening

- 2a The rationale for, and present effectiveness of, the UK cervical screening programme.
- 2b The current national screening guidelines.
- 2c The inherent difficulties and pitfalls of such a screening programme.
- 2d Understand variations in screening for the different constituent country CSP in the UK.

3. Cervical squamous pre-malignancy

- 3a The current nomenclature including histological features and behaviour of each grade.
- 3b An over view of the current understanding of the epidemiology of cervical pre-malignancy.
- 3c Currently accepted F.I.G.O staging of cervical malignancy.

4. Cervical Glandular pre-malignancy.

- 4a The difficulties of Colposcopic diagnosis alone.
- 4b The current nomenclature including histological features and behaviour of each grade.
- 4c An over view of the current understanding of the epidemiology of cervical glandular pre-malignancy.

5. Vaginal, vulval and perianal neoplasia

(The **Basic** course should include an over view of these subjects as more detailed discussions should be reserved for advanced courses. Such an over view should contain the following key aspects of each subject.)

- 5a Nomenclature of premalignant conditions.
- 5b Natural history and incidence.
- 5c Histological features.
- 5d Colposcopic evaluation, principles of management and follow up.
- 5e F .I. G. O staging of the relevant malignancies.

6. Viral infections of lower genital tract.

Human papilloma virus and Herpes virus

The aspects of viral infections such as relative to the development of cervical malignancy and mode of transmission should be covered, together with current management strategies.

7. Other infections of lower genital tract.

The discussion should not only explain the clinical features of such infections as B haemolytic streptococcus, Chlamydia trachomatis, Trichomonas vaginalis and Candida, but also clearly distinguish between these infections and those which are almost exclusively sexually transmitted such as Chlamydia, Gonococcus and Treponema Pallidum.

8. Pregnancy

The aspects to be covered include:

- 8a The normal cervix in pregnancy
- 8b Cytology in pregnancy
- 8c The Colposcopic appearance of the abnormal cervix in pregnancy.
- 8d Management strategies to be adopted during pregnancy.

9. Contraception and Hormone Replacement Therapy

- 9a The influence of oestrogens and progestogens upon the cervix.
- 9b The effect of such influence upon cytology, histology and colposcopy.
- 9c The effect of traditional IUCD and progestogen impregnated IUCD's upon the cervix.

10. Cytology

- 10a How to take an adequate cervical smear
- 10b The preparation and staining of the slide.
- 10c The principles of cytological diagnosis.
- 10d Normal cervical cytology

- 10e Classification of abnormal cervical cytology.
- 10f The pitfalls and limitations of cervical cytology.
- 10g Commonly encountered pathogens.
- 10h The principles of fail safe.

11. Histology

- 11a How to obtain a satisfactory Colposcopic biopsy.
- 11b How to fix and transport a biopsy.
- 11c The preparation of biopsies once within the lab.
- 11d The histological appearances of the normal squamous and columnar epithelium including that within a congenital transformation zone.
- 11e The interpretation of abnormal cervical epithelium.
- 11f The current classification of abnormal cervical epithelium.

12. Management of Squamous Pre-malignancy

- 12a The diagnostic criteria of low and high grade CIN.
- 12b Current management strategy for high and low grade CIN
- 12c The outcome of appropriate management.
- 12d Complications.
- 12e The follow up of treated CIN
- 12f The follow up of untreated CIN

13. Management of glandular abnormalities

- 13a The influence of age upon the management.
- 13b The strategy to be adopted for mild cytological abnormalities.
- 13c The various strategies available for managing proven adenocarcinoma in situ.
- 13d The follow up of such lesions after treatment.

14. Management of suspected and proven invasion

- 14a The Colposcopic features associated with invasive squamous carcinoma
- 14b The management of suspected invasive carcinoma.
- 14c The treatment of proven stage 1 A I and I A2.
- 14d The criteria for referral to a specialist gynaecological oncologist.

15. Quality and Standards in Colposcopy

- 15a Expected standards of patient information both written and verbal.
- 15b Expected standards for the clinical environment.
- 15c Expected standards of informed consent prior to any colposcopic procedure.
- 15d Expected standards for treatment modalities – i.e., success and follow up attendance targets.

16. Audit

- 16a What to audit.
- 16b How to audit.