

Colposcopy Service in Hong Kong

the present and the future

Dr May Chan

November 21, 2002

Why is this topic raised now?

**Population screening would
be started in 2003**

Why need colposcopy ?

- Colposcopy is a diagnostic tool used in conjunction with cytology
- It can be used to aid local treatment of abnormal cervical lesion



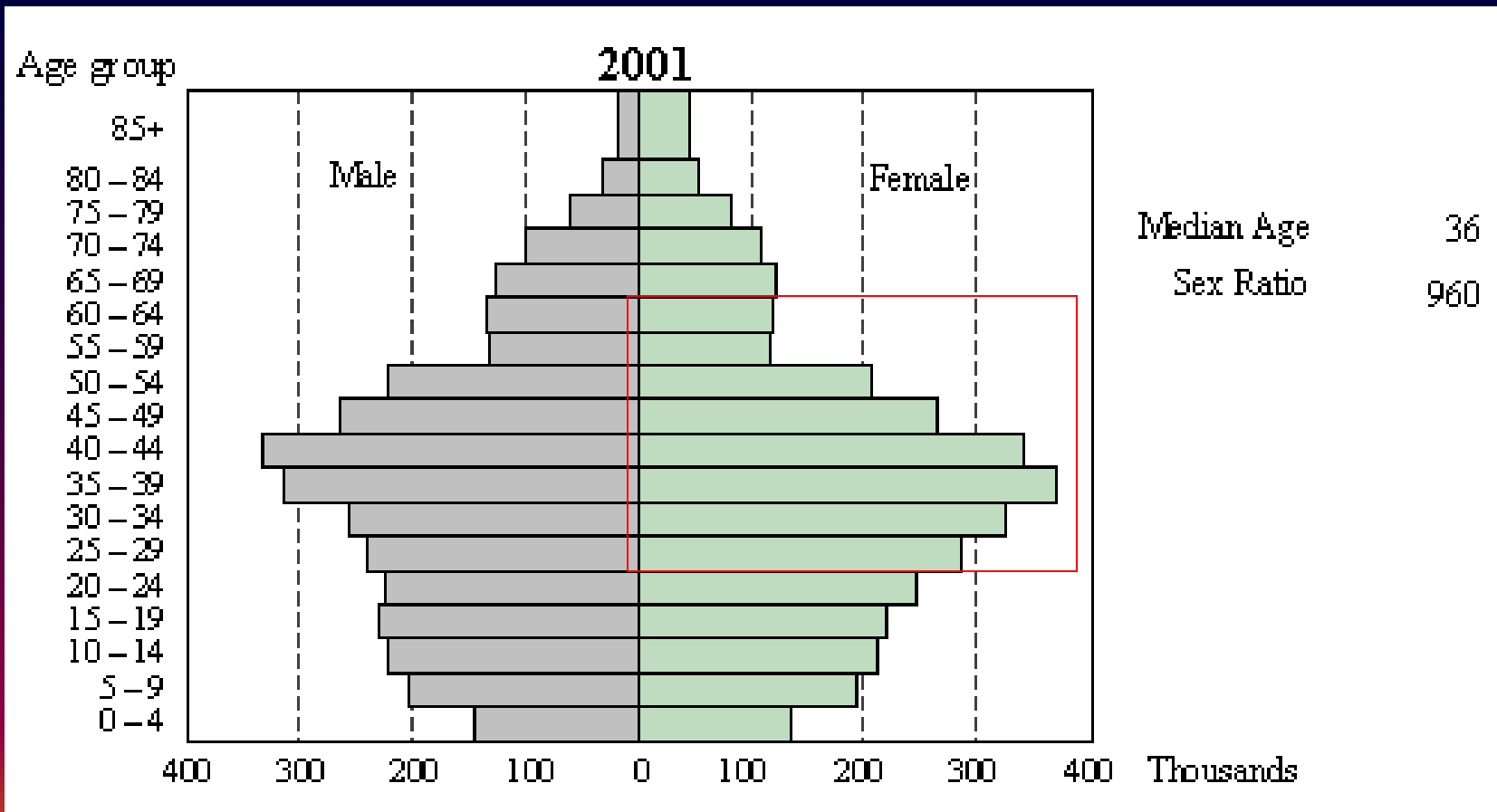
**Do we have enough
expertise for the expected
increase in workload ?**

Impact of population screening

- **New cases**
- **Treatment**
- **Follow-up visits**
- **Manpower planning in O&G**

**How many women would be
screened ?**

Age distribution in HK (2001)



No. of females between 25 to 64 = 1987834 in 2001

Workload associated with 100,000 women screened

No. of abnormal smears 5% = 5,000

**No. with HG lesions 2% = 2,000
needing treatment**

**No. of FU after treatment 3 x = 15,000
or observation**

Current situation

Private sector

Public sector

Private sector

Individual clinic

Outpatient clinic in Private Hospitals

In-patient in Private Hospitals

Colposcopy service in the Public sector

**Available in all HA hospitals with
gynaecological services**

Current workload

Estimated workload in HA(2001)

Estimated no. of new colposcopy	7000
------------------------------------	------

Estimated doctor-hours	2500
------------------------	------

Estimated doctor-hours per week	50
------------------------------------	----

Not counting treatment (LEEP) or
repeated colposcopy for recurrence etc

Estimated from the Annual reports available

No. of smears taken in 2000

<u>Organization</u>	<u>Number</u>
Department of Health	104983
Family Planning Association	100266
Hospital Authority	56000
Private	100000-150000
total	360000-400000

Reference: Presentation at COC O&G by Dr TH Cheung

Additional workload

- General gynaecological check up
- COLPOSCOPY
- Counselling on treatment plan
- treatment visit for HG lesions
- FU visits (Pap smear) after treatment (at least 3 consecutive smears)
- FU visits (Pap smear) for observation of LG lesions
- repeated treatment or colposcopy for persistent disease

Impact of population screening

- Workload
 - New cases
 - Treatment
 - Follow-up visits
 - Manpower planning in O&G
- DOUBLE
DOUBLE
DOUBLE
DOUBLE

HKCOG & HKSCCP

- **Basic estimation of manpower currently available**
- **Accreditation**
 - Specialist colposcopist
 - Trainer
 - Training program
 - Training centre (in progress)
- **Reaccreditation (under refinement)**
- **Audit**



Why is 'Accreditation' needed ?

Practitioner's point of view

Patient's point of view

College's point of view

Practitioner's point of view

- Why am I not trusted?

Hurt ?

Angry ?

Query ?



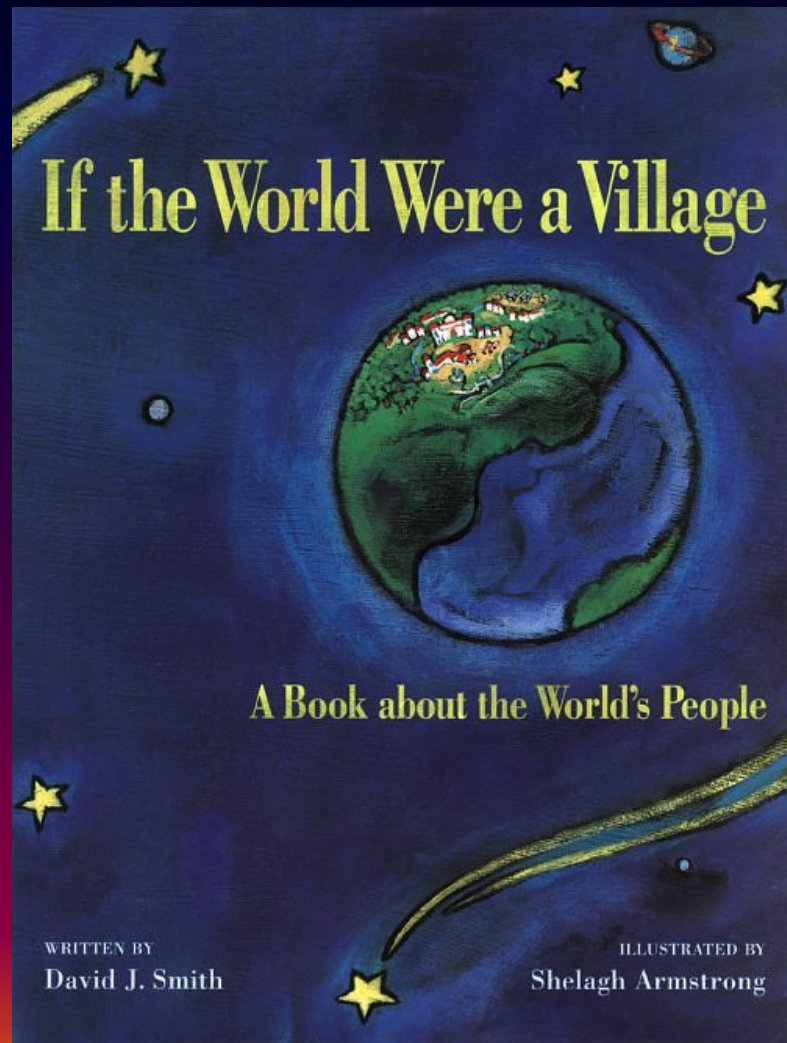
Why is 'Accreditation' needed ?

Practitioner's point of view

Patient's point of view

College's point of view





If the World Were a Village

A Book about the World's People

WRITTEN BY David J. Smith

ILLUSTRATED BY Shelagh Armstrong



At this moment, there are more than 6 billion people on the planet! It's hard to picture so many people at one time — but what if we imagine the whole world as a village of just 100 people?

In this village:

22 people speak a Chinese dialect

20 earn less than a dollar a day

17 cannot read or write

60 are always hungry

24 have a television in their homes

Patient's (Consumer's) Point of view

How do I know that I go to the
right doctor with the **right**
expertise who give the **right**
treatment for me ?

HKCOG and HKSCCP's view

Protect both the patients and our members

- To help the patients to find the right doctor with the right expertise
- To help the members to acquire and maintain the standard and skills
- To ensure the practice is maintained to certain standards

**To keep a list of
accredited colposcopists**

**But there is no such entity as
accredited colposcopists now...**

Accreditation exercise of

- currently practising colposcopists**
- trainee colposcopists under
supervision**

Accreditation of practising specialist colposcopist

Criteria

- Currently practising colposcopy**
- Deadline for application – 31.12.2004**
- 50 colposcopies for abnormal smears (in line with the HKCOG guideline for management of abnormal smears) in 12 months**
- 2 CME points related**

Accreditation of practising specialist colposcopist

Procedure

- Application forms available on Web of HKCOG and HKSCCP soon**
- submit evidence of colposcopic examination on 50 patients in 12 months period before the closing date**
- A fee of HKD 500**

Accreditation of specialist colposcopist

Concerns

- Previous practising but not now?**
- Currently practising but inadequate workload**
- remedial programme for the deficiency**

HKCOG and HKSCCP's view

- Protect both the patients and our members
- To help the patients to find the right doctor with the right expertise
- To help the members to acquire and maintain the standard and skills
- To ensure the practice is maintained to certain standards

Time table

- **Accreditation of colposcopists**
- **Accreditation of trainers**
- **Accreditation of training centres**
- **Recruitment of trainees and structured training programme**

Criteria for specialist colposcopy trainer: HKCOG/HKSCCP

- **FHKAM (O&G)**
- **has completed at least basic colposcopy training course for application after 2005**
- **has performed at least 200 colposcopy examinations for abnormal cytology and has treated at least 20 CIN lesions under local anaesthesia in the past 4 years.**

Criteria for specialist colposcopy trainer: HKCOG/HKSCCP

- Should work in a colposcopy clinic with standard set-up, a complete programme including good record keeping, cyto-histology support and protocol for management of abnormal cytology, system to trace defaulter and audit*
- * audit report must be submitted within 2 years after application

Time table

- **Accreditation of colposcopists**
- **Accreditation of trainers**
- **Accreditation of training centres**
- **Recruitment of trainees and structured training programme**

Colposcopy Service Provision and Standard

- **All colposcopy should be performed by colposcopists or trainees under supervision**
- **The service should record the waiting times for both new patients and treatments.**

Similar to the British Society of Cytology and Cervical Pathology)

Waiting time

- patients with cytology showing invasive lesion, - appointment < 2 weeks
- patients with cytology showing HSIL, ASC-H or AGC favors neoplastic, appointment < 6 weeks
- patients with cytology showing two consecutive ASC-US/AGC-NOS or low grade SIL, appointment < 12 weeks

Colposcopy Service Provision and Standard

- **adhere to local written protocols that should reflect published Guidelines in Hong Kong.**
- **Documentation - adequate data collection for quality assurance at annual reviews.**

Audit

- **At least 60% correlation between colposcopic diagnosis and histological diagnosis of high grade lesion is expected I.e. sensitivity.**
- **Data on the positive predictive value of colposcopic diagnosis should be provided as well.**

Audit

- **sensitivity =**

No. of high grade CIN picked up by colposcopic examination
total number of histological high grade CIN

- **positive predicitive value =**

No. of high grade CIN picked up by colposcopic examination
total number of colposcopic high grade CIN

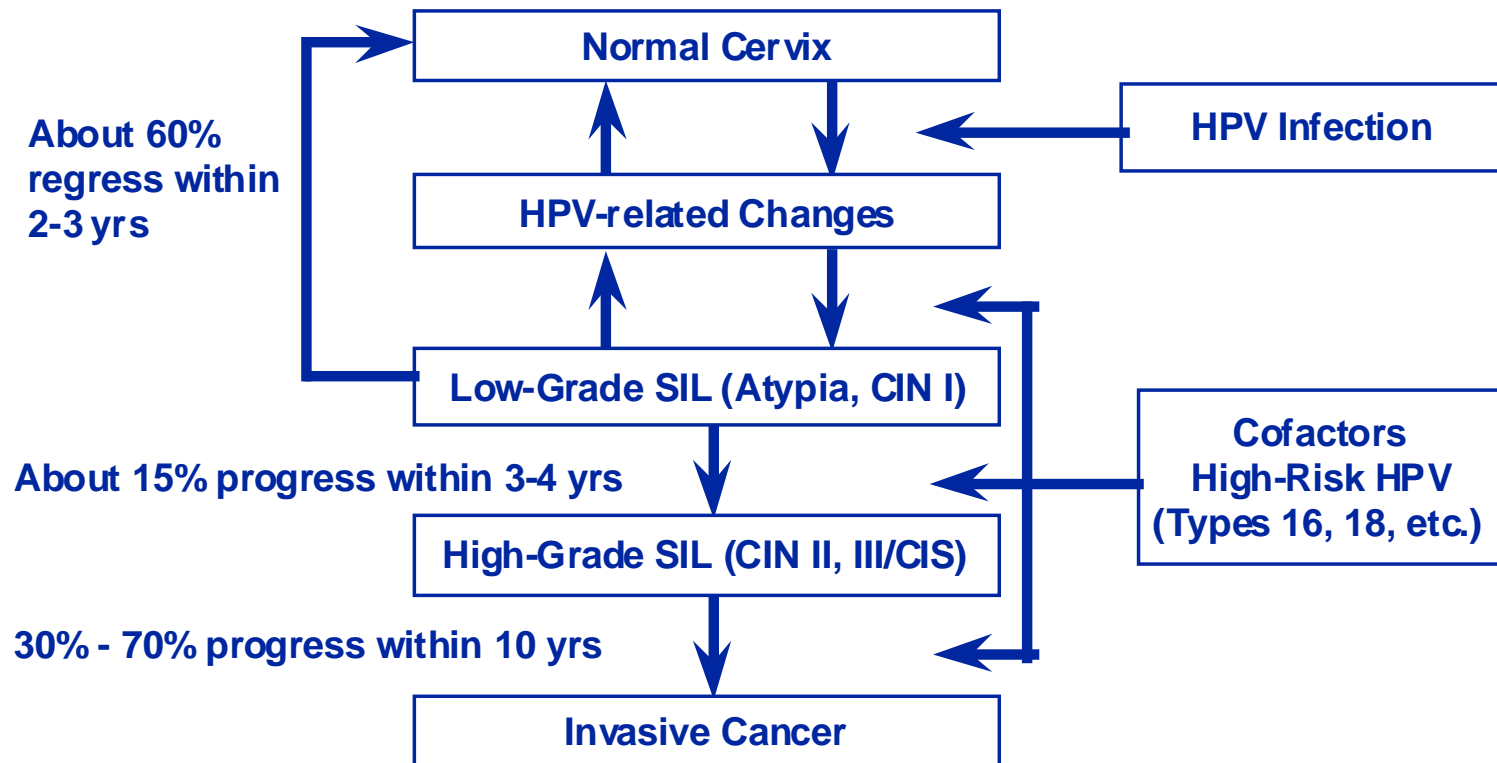
Audit

- **Sensitivity of diagnosing invasive carcinoma should be reported and lesions not detected by colposcopic examination should be reviewed**

Colposcopy Service Provision and Standard

- **designated lead clinician.**
- **should aim at minimizing intervention in women who do not have significant cervical intraepithelial neoplasia (CIN).**
- **90% of patient treated is expected to have CIN lesion on histological examination**

Natural History of Cervical Cancer: Current Understanding



Colposcopy Service Provision and Standard

- **designated lead clinician.**
- **should aim at minimizing intervention in women who do not have significant cervical intraepithelial neoplasia (CIN).**
- **90% of patient treated is expected to have CIN lesion on histological examination**

Colposcopy Service Provision and Standard

- **There should be adequate facilities in the clinic to provide privacy and a safe working environment.**
- **80% of treatment of CIN is expected to be performed under LA**
- **Referring agencies should receive written communication of results.**
- **Participation in audit is mandatory.**

Time table

- **Accreditation of colposcopists**
- **Accreditation of trainers**
- **Accreditation of training centres**
- **Recruitment of trainees and structured training programme**

Training Programme for Colposcopists

Entry requirement

- **Fellow or Member or registered trainee of the Hong Kong College of Obstetricians & Gynaecologists**

What a colposcopist need to know? (*European Society CCP*)

- **Basic skills - history, speculum exam and taking smears etc**
- **colposcopic skills - use of colposcope, re-cognization of normal and abnormal features**
- **describe and quantify the neoplastic changes after acetic acid application**

What a colposcopist need to know? (*European Society CCP*) - 2

- **Recognize the non-neoplastic changes**
- **practical procedures of biopsy/haemostasis etc**
- **treatment - options and indications**
- **documentation**
- **communication skills - patients, colleagues**

Training programme HKCOG/HKSCCP

The training programme is a trainer-led competency based structured theoretical and practical programme :-

- 1. 50 new cases under direct supervision with at least 15 with high grade neoplasia and 5 non-cervical lesions**
- 2. 100 new cases under indirect supervision with at least 30 with high grade neoplasia and 10 non-cervical lesions**
- 3. treat at least 20 cervical neoplasia under supervision**

Training programme HKCOG/HKSCCP

- 4. completion of the log book composing of all patients seen during the training period in consecutive sequence**
- 5. presentation of 10 clinical commentaries including one on non-cervical lesion**
- 6. at least 4 histopathological and cytopathological sessions**

The maximum duration of training is 36 months.

Assessment HKCOG/HKSCCP

Logbook:

all colposcopic examination has to be logged in the logbook and verified by a trainer and assessed by an assessor.

A sample of at least 10% of individual submissions will be referred to a second and independent assessor in order to facilitate an audit of quality.

Assessment

HKCOG/HKSCCP

Presentation of 10 clinical commentaries :

- 1. approximately 500-1000 words each which will detail the assessment and management of cases undertaken by the trainee.**
- 2. demonstrating a knowledge of the cytological, colposcopic and histologic principles which direct management, and other issues (gynaecological, social, etc) which influence this process.**
- 3. Appropriate references**

Assessment HKCOG/HKSCCP

Histopathological and cytopathological sessions:

- 1. essential requirement (4 sessions at least during training).**
- 2. practical problems of how specimens are processed and the day to day workings of the laboratory.**

visit to a laboratory is mandatory.

Objectives of Colposcopy Training for Specialist Colposcopist, Hong Kong

At the end of training, a trainee should :

- 1. understand the pathophysiology of the female lower genital tract;**
- 2. understand the indications for colposcopy;**
- 3. understand the patho-physiology of the human papillomavirus (HPV) infection as it relates to lower genital tract neoplasia;**

Objectives of Colposcopy Training for Specialist Colposcopist

- 4. be able to identify the most atypical area of the transformation zone on the cervix as well as of the vagina and vulva;**
- 5. be able to perform colposcopy and directed biopsies at the worst areas;**
- 6. be able to manage peri-procedural issues including patient preparation, instrument handling, and complications of the procedure;**

Objectives of Colposcopy Training for Specialist Colposcopist

- 7. be able to manage and treat abnormal pre-invasive lower genital tract pathology and associated gynaecological diseases**
- 8. be able to provide follow-up advice;**
- 9. demonstrate compassionate and informative patient education and counseling skills**

Certificate of training HKCOG/HKSCCP

- will be issued jointly by the HKSCCP and the HKCOG
- upon satisfactory completion of the training and attaining the status of FHKAM(O&G).

HKCOG and HKSCCP's view

- Protect both the patients and our members
- To help the patients to find the right doctor with the right expertise
- To help the members to acquire and maintain the standard and skills
- To ensure the practice is maintained to certain standards

Conclusion

- **Colposcopist training programme is necessary to ensure standard**
- **With the appointment of trainer, hopefully a training programme could be started early next year**
- **Continuous medical education and practice are necessary to upkeep the quality monitored by auditing**

Summary

- **A new guideline modified according to the new Bethesda system is needed for Hong Kong**
- **Quality assurance is important**
- **A basic data set is needed for auditing**

Thank you

BSCCP

- **The Diagnostic training programme is a trainer-led competency based structured theoretical and practical programme that involves:-**
 - 1. direct supervision of 50 colposcopy cases (of which at least 20 must be new cases)**
 - 2. indirect supervision of 100 cases (of which at least 30 must be new cases)**
 - 3. completion of the log book**
 - 4. presentation of 10 clinical commentaries**
 - 5. histopathological and cytopathological sessions**

The average duration of training is 18 months.

BSCCP

- **The trainee must provide 10 commentaries of approximately 500 words each which will detail the assessment and management of cases undertaken by the trainee.**
- **As well as demonstrating a knowledge of the cytological, colposcopic and histologic principles which direct management, the commentary should mention other issues (gynaecological, social,etc) which influence this process.**

BSCCP

- It is recommended that this exercise be a continuous process begun at the outset of training.
- In this way it is hoped that it will not become an administrative chore completed in haste towards the end of the training period.
- Whilst all submitted case commentaries will be reviewed, a sample of at least 10% of individual submissions will be referred to a second and independent scrutineer in order to facilitate an audit of quality.
- Presentation will be taken into consideration

BSCCP

- **Histopathological/Cytopathological sessions**
- **These are an essential requirement for completion of training (2 sessions in each laboratory for medical staff and 6 sessions for nursing staff).**
- **The trainee should be aware of the practical problems of how specimens are processed and the day to day workings of the laboratory.**
- **This may be learnt by visiting a laboratory (best organised at the onset of training as it can be difficult to arrange).**
- **attending a recognised Cytology Training School Course.**

BSCCP

- Entry Requirements
 1. **membership of the British Society for Colposcopy & Cervical Pathology**
 2. **recognised nursing or medical qualification**
 3. **attendance at a BSCCP accredited Basic Colposcopy Course**