

# BC Cancer Cervix Screening Program Colposcopy Standards

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## Colposcopy Standards Cervix Screening Program

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## Acknowledgements

BC Cancer would like to thank everyone who assisted in the development and refinement of the Cervix Screening Program Colposcopy Standards.

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## About BC Cancer

BC Cancer, an agency of the Provincial Health Services Authority, provides a comprehensive cancer control program for the people of BC in partnership with regional health authorities. This includes prevention, screening and early detection programs, research and education, and care and treatment.

BC Cancer's mandate is a three-fold mission:

- To reduce the incidence of cancer
- To reduce the mortality rate of people with cancer
- To improve the quality of life of people living with cancer

This mission drives everything we do, including providing screening, diagnosis and care, setting treatment standards, and conducting research into causes of, and cures for, cancer.

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## 1. Introduction

### 1.1 Purpose of Standards

The purpose of these standards is to outline the elements of quality assurance for colposcopy and to improve the quality and consistency of colposcopy in BC, thereby reducing the incidence, morbidity and mortality from cervical cancer.

This document does not provide detailed clinical management guidelines for colposcopy. Management Algorithms for Abnormal Cervical Cytology and Colposcopy are presented in a separate document.

### 1.2 Introduction

Cervical cancer is the second most common cancer in women worldwide. Cervix screening has decreased the incidence rates in jurisdictions where it has been successfully implemented. The primary goals of the Cervix Screening Program are to detect and remove cervical cancer precursors to prevent the development of cervical cancer and to detect asymptomatic cervical cancer at an early clinical stage to decrease morbidity and mortality. British Columbia implemented the first population based cervix screening program in the world in 1955 and cervical cancer incidence decreased by 70% from 1955 to 1985.<sup>1</sup>

Colposcopy clinics provide diagnostic and treatment services to participants with an abnormal cervix screen, including abnormal cytology or high risk HPV. When colposcopy referral is recommended after an abnormal screen, follow-up testing and care is provided through the Regional Health Authorities (colposcopy, treatment and pathology reporting). Colposcopy clinics also receive clinical referrals for patients with symptoms or abnormal physical examination findings with the potential to be associated with cervical cancer.

The information and recommendations in this document were developed with input from each Regional Health Authority in B.C., represented by the Colposcopy Leads, and BC Cancer. This document takes into account both national and international evidence and best practices, which are contextualized to colposcopy practice in B.C. and using B.C. data.

### 1.3 BC Cancer

BC Cancer provides medical and operational leadership for the Cervix Screening Program and is responsible for the development of provincial policies, standards and procedures for the primary screening test, follow-up testing, recall and surveillance reminders to providers, and program performance and outcome monitoring.

Data is collected and analyzed on an ongoing basis to monitor the program's effectiveness and to identify areas for improvement both at a program level and at an individual level. The program publishes results annually.<sup>2</sup>

## 1.4 General Principles

- Minimize missed pre cancers and cancers
- Minimize treatment related harms
- Maintain accurate Cervix Screening Program outcomes data to support appropriate follow-up and recall and to inform policy

## 1.5 Sources of Information

The sources of information for this document were derived from the published literature. Articles were identified from MEDLINE, Cancer Care Ontario Colposcopy Standards, Society of Obstetricians and Gynecologists of Canada, Society of Canadian Colposcopists, Society of Gynecologic Oncology of Canada, Royal Australian and New Zealand College of Obstetricians and Gynecologists Cervical Quality Improvement Program, European Federation of Colposcopy, International Federation of Cervical Pathology and Colposcopy, American Society for Colposcopy and Cervical Pathology, European Cervical Cancer Screening Network, NHS Cervical Screening Program.

## 2. Standards

### 2.1 Clinic Standards

Clinics providing colposcopy services are expected to deliver service according to the following standards:

1. Establish and provide service in alignment with the College of Physician and Surgeons standards and guidelines:
  - <https://www.cpsbc.ca/files/pdf/PSG-Physical-Examinations-and-Procedures.pdf> (practice standard)
  - <https://www.cpsbc.ca/files/pdf/PSG-Referral-Consultation-Process.pdf> (professional guideline)
2. Two methods of contact, separated by a two week interval, is the minimum requirement for contacting patients for an appointment. For example, call the patient, wait two weeks, if no response then mail a letter to the patient requesting they contact the clinic.
3. If a patient is not going to proceed with follow-up at the clinic, it is the clinic's responsibility to communicate this to the referring provider.
4. Provide timely service to referred patients. Clinics are expected to be able to monitor wait times and if there are concerns regarding timely access, it may be appropriate to refer patients to a different colposcopy clinic with shorter wait times.
5. Establish and provide service in alignment with accepted infection control process.
  - Consult local health authority policies and guidelines for hospital-based clinics or College of Physician and Surgeons Professional Guideline: Infection Prevention and Control (IPAC) in Physician's Offices - <https://www.cpsbc.ca/files/pdf/PSG-Infection-Prevention-and-Control-in-Physician-Offices.pdf>
  - Protocol for Equipment and Instrument Cleaning: Adhere to vendor guidelines for instrument cleaning and maintenance. It is recommended that automated machine, not manual processes, be used for cleaning of instruments.
6. Ensure staff has appropriate training and processes in place to provide patients with timely and informed access to colposcopy and treatment booking and procedures. Patients must be provided with information regarding who to contact regarding questions or appointment changes (<https://www.cpsbc.ca/files/pdf/PSG-Referral-Consultation-Process.pdf>).
7. Provide education to the participant regarding colposcopy and give instructions regarding preparation (<https://www.cpsbc.ca/files/pdf/PSG-Referral-Consultation-Process.pdf>). At the time of booking, patients should be advised of the Cervix Screening

Program Colposcopy procedure brochure and/or LEEP brochure and available videos on line based on the procedure that the patient is being booked for. Patients should be offered hardcopies of brochures and be provided with an opportunity to watch the education videos when they attend the clinic.

8. Ensure the facility allows for patient privacy and dignity for pre-colposcopy assessment and education and any related procedure.
9. Obtain informed consent prior to any colposcopy or treatment procedure.
10. Obtain consent if learners are to be present.
11. Have access to point-of-care pregnancy tests for patients when indicated based on menstrual pattern and sexual activity.
12. Provide post-colposcopy and post-treatment patient written instructions:
  - Inform patients what to expect and what, if any, activity restrictions apply depending on the specific procedures performed.
  - Inform patients who to contact for their test results and follow up recommendations. This ensures that if there is a delay in the colposcopy or treatment report or in the relaying of results and recommendations that the patient is able to reach out to obtain their results.
13. Ensure adequate diagnostic and therapeutic equipment as well as safety guidelines and appropriately trained staff for laser and diathermy equipment as applicable.
14. Access to resuscitation equipment if treatment is being provided.
15. Provide access for patients with special needs (e.g. accommodation for physically challenged patients, translation services, etc.) where local infrastructure has capacity. If local infrastructure is limited, ensure the patient is referred to another regional colposcopy clinic that can accommodate the patient.
16. Ability to submit biopsy and excisional samples to a histopathology laboratory accredited by the Diagnostic Accreditation Program (DAP) of BC.
17. Have protocols to minimize nonattendance of patients and a clinic based systematic recall mechanism for patients. When patients are not able to be contacted or do not attend for appointments, clinics must have a system in place to communicate incomplete follow-up with patients and/or the primary care provider. Attempt to contact the patient at least twice by two different methods.

The hospital site or clinic is the primary record holder for documentation pertaining to colposcopy. Each clinic follows its own policies with respect to record retention and documentation. The Cervix Screening Program is a secondary user of the forms and records



that are completed for program participants. Patients and providers requesting copies of the screening record will be directed to obtain copies from the facility where the interaction occurred.

## 2.2 Physician Standards

Colposcopists providing care for women with abnormal cervix screening tests are expected to:

1. Be a practicing Obstetrician/Gynecologist or Gynecologic Oncologist in good standing with the College of Physicians and Surgeons of BC.
2. Have completed colposcopy certification through the BC Colposcopy Training Program – see section below.
3. Participate in colposcopy CME including at least the BC Annual Colposcopy Update 2 out of every 3 years.
4. Make recommendations that align with the BC Management Algorithms for Abnormal Cervical Cytology and Colposcopy.
5. Provide complete documentation of any procedure using the provincial Colposcopy and Treatment Forms (Appendix A and B). Ensure all forms are sent to the program in a timely fashion. Hospitals and health authorities may or may not require additional reports.
  - a. For diagnostic colposcopy, results and recommendations should be reported within 2 weeks.
  - b. Treatment results and recommendations should be reported within 4 weeks.
6. Communicate with the primary care provider/referring provider to provide the colposcopic evaluation and the recommendations for management. The colposcopist is responsible for informing the patient about their results and arranging future follow up. In scenarios where the patient requests this information from their referring provider, the colposcopist is responsible for asking the referring physician to communicate results to patients and ensure that the recommended follow up or treatment appointments are made.
  - a. Colposcopists are responsible for arranging any further required follow-up or treatment for the patient, or the colposcopist will refer the patient back to the primary care provider after discharge for ongoing screening requirements.
  - b. When a cancer is diagnosed, the colposcopist is responsible for notifying the patient of the results and next steps. If referral to BC Cancer is required, the colposcopist is responsible for making this referral.
7. Meet program performance standards. Quality reports are generated annually.
8. Have access to colleagues to discuss cases and share learnings to improve practice.

## 2.3 Performance Indicators

To ensure safe and efficient provision of colposcopy, regular monitoring of colposcopy outcome data against established benchmarks is essential. Identification of results outside of benchmarks offers the opportunity for improvement, for both the system and the individual Colposcopist. Performance indicators that are monitored and benchmarks, if established, for colposcopy are as follows.

### 2.3.1 Wait Time Indicator

Wait time standards for follow-up of cervix screening results in B.C. are established based on the positive predictive value (PPV) of screening results. See Table 1 for CIN 2+ PPV by HPV result and reflex cytology<sup>3</sup>. See Table 2 for wait times standards by screening test result.

Benchmark is measured from the date of the cervix screening test report.

Patients returning to the colposcopy clinic for ongoing colposcopy follow-up should be seen within 4 weeks of their recommended follow-up interval.

Patients who have been recommended for treatment should have their treatment within 2 weeks of the maximum treatment interval recommended by their colposcopist.

Patients being referred for clinical abnormalities should be seen for colposcopy in 2-8 weeks depending on the level of suspicion for cancer has determined by the colposcopist based on information provided on the referral.

**Table 1: Immediate-risk CIN 2+ based on primary HPV-based screening and reflex cytology results<sup>3</sup>**

| Cytology | HPV              |            |            |               |
|----------|------------------|------------|------------|---------------|
|          | Pos HR-HPV (Any) | Pos HPV 16 | Pos HPV 18 | Pos HPV Other |
| Normal   | 3.4%             | 5.3%       | 3%         | 2%            |
| ASCUS    | 4.4%             | 9% – 12.9% | 5%         | 2.7% – 4.4%   |
| LSIL     | 4.3%             | 11%        | 3%         | 4.3%          |
| ASC-H    | 26%              | 28%        | 15%        | 26%           |
| HSIL     | 49%              | 60%        | 30%        | 49%           |

Table 2: Wait Time Standards

| HPV Result                   | Cytology Result   | Standard   |
|------------------------------|---|--|
| High risk HPV 16/18 or Other | <ul style="list-style-type: none"> <li>Squamous cell carcinoma</li> <li>Glandular cell - Adenocarcinoma</li> <li>Glandular cell - Endocervical adenocarcinoma</li> <li>HSIL (Severe) with features of invasion</li> <li>Other malignant neoplasms (specify)</li> <li>Atypical Endocervical Cells, FN</li> <li>Atypical Glandular Cells, FN</li> <li>Endocervical Adenocarcinoma In Situ</li> <li>Endometrial Adenocarcinoma</li> <li>HSIL (Severe) + Atypical Endocervical cells, FN</li> </ul> | Urgent<br>High priority diagnosis, patient should be seen as soon as possible. |
| High Risk HPV 16/18 Positive | <ul style="list-style-type: none"> <li>No Cytology</li> </ul>   | 8 weeks  |
| High Risk HPV 16/18 Positive | <ul style="list-style-type: none"> <li>NILM (negative for intraepithelial lesion)</li> <li>Atypical squamous cells of uncertain significance (ASCUS)</li> <li>Low grade intraepithelial lesion (LSIL)</li> </ul>  | 8 weeks  |
| High Risk HPV 16/18 Positive | <ul style="list-style-type: none"> <li>Squamous cell - HSIL (severe/marked/CIS)</li> <li>Squamous cell - ASC-H</li> <li>Squamous cell - HSIL (moderate)</li> <li>Glandular cell - Atypical endocervical cells, NOS</li> <li>Glandular cell - Atypical endometrial cells, NOS</li> <li>Glandular cell - Atypical glandular cells, NOS</li> </ul>   | 4 weeks  |
| High Risk other Positive     | <ul style="list-style-type: none"> <li>NILM (negative for intraepithelial lesion)</li> <li>Atypical squamous cells of uncertain significance (ASCUS)</li> <li>Low grade intraepithelial lesion (LSIL)</li> </ul>  | 8 weeks  |
| High Risk other Positive     | <ul style="list-style-type: none"> <li>Squamous cell - HSIL (severe/marked/CIS)</li> <li>Squamous cell - ASC-H</li> <li>Squamous cell - HSIL (moderate)</li> <li>Glandular cell - Atypical endocervical cells, NOS</li> <li>Glandular cell - Atypical endometrial cells, NOS</li> <li>Glandular cell - Atypical glandular cells, NOS</li> </ul>   | 4 weeks  |

### 2.3.2 Lost to Follow-Up Indicator

The proportion of women presenting for follow-up after treatment should be >85% (loss to follow-up <15%).

### 2.3.3 Individual Colposcopist Performance Indicators

| Indicator   | Program Benchmark |
|---|-------------------|
| Annual number of colposcopic exams excluding excisional procedures based on submission of Colposcopy Forms.<br>Number of new patients is not well established, but an absolute minimum of 25 has been recommended.                          | >100              |
| <b>Colposcopy</b>   |                   |
| No biopsy rate<br><i>Percentage of exams where no pathology report is available to indicate a biopsy was taken and the Colposcopy Form does not indicate a biopsy was taken.</i>  | <2%               |
| Severe lesions not seen<br><i>Percentage of exams where impression was noted as negative/benign/mild and the biopsy result showed CIN3+, (e.g. impression negative, biopsy CIN3+); colposcopic exams with no biopsy taken are excluded.</i> | <10%              |
| Undercall rate<br><i>Percentage of exams with impression 2 or more grades lower than biopsy, (e.g. impression negative, biopsy CIN2+); colposcopic exams with no biopsy taken are excluded.</i>   | <10%              |
| Overcall rate<br><i>Percentage of exams with impression 2 or more grades higher than biopsy, (e.g. impression CIN3, biopsy negative/CIN1); colposcopic exams with no biopsy taken are excluded.</i>   | <10%              |
| Percent of exams without impression documented  | 0%                |
| Percent of exams without evaluation documented  | 0%                |
| Percent of exams without recommendation documented  | 0%                |
| <b>Treatment</b>  |                   |
| Number of LEEPs, cone and laser treatments performed annually.  | -                 |
| Negative LEEP rate.<br><i>Percentage of LEEPs performed where specimens are negative for cervical cancer or precursors.</i>   | <20%              |
| Rate of unplanned events  | -                 |
| Retreatment rate<br><i>Rate of treatments done on the same site and same patient within 24 months</i>   | -                 |

## 3. Colposcopy Training and Certification

### 3.1 Colposcopy Training and Certification Process

The Cervix Screening Program is committed to providing access to quality colposcopy services for patients. Colposcopy exposure is not standardized across residency and fellowship training programs and colposcopy is listed as a non-core privilege for both Obstetrician/Gynecologists and Gynecologic Oncologists.

Since the inception of the colposcopy program in B.C. in 1973, BC Cancer has provided a formal training and certification process to ensure that colposcopists have the knowledge and skills to provide quality care to patients. The current process includes application for training, agreeing to terms of certification, a formal course in lower genital tract pathology and colposcopy, passing the B.C. Colposcopy Certification Exam, and attaining the necessary practical experience to provide proper assessment and management of participants presenting for colposcopy. The practical portion of the training may be customized for trainees with previous colposcopy experience. Training mentors must have at least 5 years of colposcopy experience, be meeting quality benchmarks and be up to date with CME. The Cervix Screening Program follows the EFC minimum standards for training in colposcopy – 51 Core Competencies (Appendix E).

### 3.2 Application for Training

All practicing Obstetricians/Gynecologists interested in becoming a certified colposcopist in B.C. must complete an application outlining their colposcopy training to date and their plans for provision of colposcopy services. The application must be approved prior to initiation of training. Significant trainee and program resources go into colposcopy training and it is important to ensure that a trainee will have an appropriate place to practice, taking into consideration the need for colposcopists in an existing clinic or the need for colposcopy services in a new area, and maintenance of adequate volume for colposcopists in established clinics.

### 3.3 Overview of Steps in Training and Certification (in order):

**Step 1:** Submission and approval of Application for Colposcopy Certification (Appendix C).

**Step 2:** Sign off on Terms of Certification (Appendix D).

**Step 3:** Completion of an approved course in colposcopy within the last three years.

**Step 4:** Successful completion of BC colposcopy certification exam.

**Step 5:** Discuss exam outcome and exam cases with the Colposcopy Lead.

**Step 6:** Practical training under an approved mentor(s).

**Step 7:** Demonstrated understanding and appropriate interpretation of B.C. screening, colposcopy treatment and follow-up guidelines through submission and review of logbook and evaluation forms documenting practical training.

Colposcopy training objectives are based on the European Federation for Colposcopy Minimum Standards for Training in Colposcopy – 51 Core Competencies.

<https://efcolposcopy.eu/minimum-standards-for-colposcopy-training/>

## References

1. Anderson GH, Boyes DA, Benedet JL, et al. Organisation and results of the cervical cytology screening programme in British Columbia, 1955-85. *Br Med J (Clin Res Ed)*. Apr 1988;296(6627):975-8. doi:10.1136/bmj.296.6627.975
2. BC Cancer Screening. Accessed 6 June 2019, 2019.  
<http://www.bccancer.bc.ca/screening/health-professionals/cervix/resources>
3. Willows K, Selk A, Auclair MH, Jim B, Jumah N, Nation J, Proctor L, Iazzi M, Bentley J. 2023 Canadian Colposcopy Guideline: A Risk-Based Approach to Management and Surveillance of Cervical Dysplasia. *Curr Oncol*. 2023 Jun 13;30(6):5738-5768. doi: 10.3390/currenco130060431. PMID: 37366914; PMCID: PMC10297713.



# Appendix A – Colposcopy Form



## COLPOSCOPY FORM

DO NOT PLACE LABEL ABOVE LINE

AFFIX CLIENT LABEL HERE


FAX COPY TO CERVIX SCREENING PROGRAM: 1 (604) 297-9327

|   |  |   |   |
|---|--|---|---|
| EXAM DATE (YYYYMMDD) _____                              |  | PATIENT NAME LAST _____ PATIENT NAME FIRST _____ SEX (F)(M)(X)(U) _____ |   |
| FACILITY _____  |  | AMENDED DATE (YYYYMMDD) _____   | DATE OF BIRTH (YYYYMMDD) _____                                  |
| COLPOSCOPIST (MSC) _____ COLPOSCOPIST LAST, FIRST _____ |  | PHN _____   | PRIMARY PROVIDER (MSC) _____ PRIMARY PROVIDER LAST, FIRST _____ |

|   |  |   |
|---|--|---|
| <b>1. HISTORY</b><br>Parity _____ LMP _____<br>Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Postmenopausal <input type="checkbox"/> Yes <input type="checkbox"/> No<br>HRT <input type="checkbox"/> Yes <input type="checkbox"/> No<br>HPV Vaccine 2+ Doses <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Year: _____ Type: _____ | Previous Treatment (eg LEEP) Y Y M M _____<br>_____<br>_____<br>_____<br>Current Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Immunocompromised <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Other History: _____ | REFERRING PROVIDER (MSC) _____ REFERRING PROVIDER LAST, FIRST _____<br>(If different from Primary Provider above)<br><b>2. REASON FOR COLPOSCOPY (Select one option below)</b><br><input type="checkbox"/> Abnormal Screen Date (YYYYMMDD) _____<br><input type="checkbox"/> HPV Positive Type: _____ <input type="checkbox"/> ASC-US <input type="checkbox"/> LSIL <input type="checkbox"/> ASC-H<br><input type="checkbox"/> HSIL Mod <input type="checkbox"/> HSIL Severe <input type="checkbox"/> Malignant Sq <input type="checkbox"/> Malignant GI<br><input type="checkbox"/> AGC NOS <input type="checkbox"/> AGC-FN <input type="checkbox"/> AIS <input type="checkbox"/> Unset<br><input type="checkbox"/> DES Exposure<br><input type="checkbox"/> Clinical Abnormality: _____<br><input type="checkbox"/> Repeat Colposcopy for: _____<br><input type="checkbox"/> Treatment Follow Up Year of Treatment: _____ Visit #: _____<br><input type="checkbox"/> CIN 2/3 <input type="checkbox"/> AIS <input type="checkbox"/> Cancer <input type="checkbox"/> VAIN<br><input type="checkbox"/> HPV Negative <input type="checkbox"/> HPV Positive Type: _____<br><input type="checkbox"/> Other: _____ |
|---|--|---|

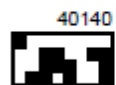
  

|   |   |  |
|---|---|--|
| <b>3. COLPOSCOPIC EXAMINATION</b><br>Site Examined<br><input type="checkbox"/> Cervix <input type="checkbox"/> Vagina<br>Adequacy (Cervix)<br><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate<br>Transformation Zone<br><input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3 | Biopsy (Cervix)<br><input type="checkbox"/> Done <input type="checkbox"/> Not Done<br>ECC<br><input type="checkbox"/> Done <input type="checkbox"/> Not Done<br>Other Procedure<br><input type="checkbox"/> Endometrial Biopsy <input type="checkbox"/> Pap Test<br><input type="checkbox"/> Vaginal Biopsy <input type="checkbox"/> HPV Test | Diagram for lesion<br><br>BIOPSY SITE |
|---|---|--|


  

|  |  |  |
|--|--|--|
| <b>4. IMPRESSION</b><br><input type="checkbox"/> Negative for Dysplasia<br><input type="checkbox"/> HPV/Condyloma <input type="checkbox"/> Benign Atypia<br><input type="checkbox"/> CIN1 <input type="checkbox"/> CIN2 <input type="checkbox"/> CIN3 <input type="checkbox"/> AIS<br><input type="checkbox"/> Microinvasive SCC <input type="checkbox"/> Malignant SCC<br><input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> VAIN 1 <input type="checkbox"/> VAIN 2/3 | <b>5. RESULTS</b><br><input type="checkbox"/> Negative for Dysplasia <input type="checkbox"/> Insufficient Samples<br><input type="checkbox"/> HPV/Condyloma <input type="checkbox"/> Benign Atypia<br><input type="checkbox"/> CIN 1 <input type="checkbox"/> CIN 2 <input type="checkbox"/> CIN 3 <input type="checkbox"/> HSIL NOS <input type="checkbox"/> AIS<br><input type="checkbox"/> Microinvasive SCC <input type="checkbox"/> Malignant SCC<br><input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> VAIN 1 <input type="checkbox"/> VAIN 2/3<br><input type="checkbox"/> Other: _____<br>HPV: <input type="checkbox"/> Negative <input type="checkbox"/> Positive Type _____<br><input type="checkbox"/> Cytology/Pathology Review Completed | <b>7. RECOMMENDATIONS (Complete only 7a, 7b, or 7c)</b> Date (YYYYMMDD) _____<br><b>7a. Return to Colposcopy Clinic</b><br>Colposcopy in: Booked: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> _____ Months<br>Treatment within: Booked: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> 2 Months <input type="checkbox"/> _____ Months<br>Site: <input type="checkbox"/> Cervix <input type="checkbox"/> Vagina<br>Type: <input type="checkbox"/> LEEP <input type="checkbox"/> Laser <input type="checkbox"/> Other: _____<br><b>7b. Return to Primary Care</b><br>HPV Test in: <input type="checkbox"/> 12 Months <input type="checkbox"/> _____ Months<br>Co-Test (Cytology & HPV Test) in: <input type="checkbox"/> 12 Months <input type="checkbox"/> _____ Months<br><input type="checkbox"/> Gynecology Referral (Primary Provider to Arrange) re: _____<br><b>7c. Other Recommendation</b><br><input type="checkbox"/> Patient Referred to BC Cancer <input type="checkbox"/> Gynecological Consult (Colposcopist to Arrange)<br><input type="checkbox"/> No Further Screening or Colposcopy Required <input type="checkbox"/> Hysterectomy Discussion<br>re: _____ <input type="checkbox"/> Other: _____<br>HPV Vaccine<br><input type="checkbox"/> HPV Vaccine Recommended <input type="checkbox"/> Inform Patient of Result<br><input type="checkbox"/> HPV Vaccine Rx Provided <input type="checkbox"/> Patient Aware of Result<br>Colposcopist Signature _____ |
|--|--|--|

INFORMATION ON THIS FORM IS CONFIDENTIAL  
 IF YOU RECEIVE THIS IN ERROR PLEASE FAX TO  
 QUALITY DEPT: 1 (604) 708-2114



## Appendix B – Treatment Form

|   |   |   |
|---|---|---|
|  <b>TREATMENT FORM</b>   |   | DO NOT PLACE LABEL ABOVE LINE   |
| FAX COPY TO CERVIX SCREENING PROGRAM: 1 (604) 297-9327  |   | AFFIX CLIENT LABEL HERE   |
| EXAM DATE (YYYYMMDD) _____  |   | PATIENT NAME LAST _____ PATIENT NAME FIRST _____ SEX (F M X) _____  |
| FACILITY _____ AMENDED DATE (YYYYMMDD) _____  |   | PHN _____ DATE OF BIRTH (YYYYMMDD) _____  |
| COLPOSCOPIST (MSC) _____ COLPOSCOPIST LAST, FIRST _____   |   | PRIMARY PROVIDER (MSC) _____ PRIMARY PROVIDER LAST, FIRST _____   |
| <b>1. INDICATION</b><br><input type="checkbox"/> Treatment of:<br><input type="checkbox"/> CIN 2/3 <input type="checkbox"/> AIS<br><input type="checkbox"/> VAIN 2/3 <input type="checkbox"/> Malignant<br><br><input type="checkbox"/> Diagnosis<br><input type="checkbox"/> CIN 1 on bx <input type="checkbox"/> Bx not possible<br><input type="checkbox"/> Cyto/histo discrepancy 2+ levels<br><br><input type="checkbox"/> Other: _____  | <b>2. PATIENT DOCUMENTATION</b><br>Patient identity confirmed<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Verbal or written consent<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Allergies Documented<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Pregnancy Test<br><input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done | REFERRING PROVIDER (MSC) _____ REFERRING PROVIDER LAST, FIRST _____<br>(If different from Primary Provider above)<br><br><b>3. LOCATION OF PROCEDURE</b><br><input type="checkbox"/> Colposcopy Clinic<br><input type="checkbox"/> Operating Room<br><input type="checkbox"/> Patient related (anxiety or anatomy)<br><input type="checkbox"/> No access to clinic setting  |
| <b>4. PROCEDURE</b><br>Anatomical Site<br><input type="checkbox"/> Cervix <input type="checkbox"/> Vagina<br>Size of Lesion<br><input type="checkbox"/> Not visible <input type="checkbox"/> <1cm <input type="checkbox"/> 1-2cm <input type="checkbox"/> >2cm<br>Anesthetic<br><input type="checkbox"/> Local <input type="checkbox"/> Sedation <input type="checkbox"/> General<br>Other Medications<br>_____   |   | <b>5. PROCEDURE TYPE</b><br><input type="checkbox"/> LEEP    Loop Size: _____ Voltage: _____ Blend: _____ Cut: _____<br># of Fragments: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2    Top Hat Excision <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Laser <input type="checkbox"/> Safety check completed    Power: _____ Mode: _____<br><input type="checkbox"/> Cone<br><input type="checkbox"/> Cryotherapy<br>Freeze technique _____<br><input type="checkbox"/> Wide Local Excision<br>Excision size/description _____  |
| <b>6. OTHER PROCEDURES</b><br><input type="checkbox"/> ECC <input type="checkbox"/> Cervical Bx<br><input type="checkbox"/> Endometrial Bx <input type="checkbox"/> Vaginal Bx<br><input type="checkbox"/> Other: _____   |   | <b>7. UNPLANNED EVENTS</b> <input type="checkbox"/> None <b>COMMENTS</b><br><input type="checkbox"/> Pain <input type="checkbox"/> Vasovagal<br><input type="checkbox"/> Bleeding <input type="checkbox"/> Flush<br><input type="checkbox"/> Other: _____   |
| <b>8. PATHOLOGY RESULTS</b><br><input type="checkbox"/> Negative for Dysplasia<br><input type="checkbox"/> HPV/Condyloma <input type="checkbox"/> Benign Atypia<br><input type="checkbox"/> CIN1 <input type="checkbox"/> CIN2 <input type="checkbox"/> CIN3 <input type="checkbox"/> HSIL NOS <input type="checkbox"/> AIS<br><input type="checkbox"/> Microinvasive SCC <input type="checkbox"/> Malignant SCC<br><input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> VAIN 1 <input type="checkbox"/> VAIN 2/3<br><input type="checkbox"/> Other: _____<br><b>Margin</b><br><input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate<br><b>Comments</b><br>_____ |   | <b>9. RECOMMENDATIONS (Complete only 9a or 9b)</b> Date (YYYYMMDD) _____<br><b>9a. Return to Colposcopy Clinic</b><br>Colposcopy in:    Booked: <input type="checkbox"/> Yes <input type="checkbox"/> No    Treatment within:    Booked: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> _____ Months <input type="checkbox"/> 2 Months <input type="checkbox"/> _____ Months<br>Site: <input type="checkbox"/> Cervix <input type="checkbox"/> Vagina<br>Type: <input type="checkbox"/> LEEP <input type="checkbox"/> Laser <input type="checkbox"/> Other: _____<br><b>9b. Other Recommendation</b><br><input type="checkbox"/> Patient Referred to BC Cancer <input type="checkbox"/> Gynecological Consult (Colposcopist Arranging)<br><input type="checkbox"/> Hysterectomy Discussion<br><input type="checkbox"/> Other: _____<br>HPV Vaccine    Attention Provider<br><input type="checkbox"/> HPV Vaccine Recommended <input type="checkbox"/> Inform Patient of Result<br><input type="checkbox"/> HPV Vaccine Rx Provided <input type="checkbox"/> Patient Aware of Result<br>_____<br>Colposcopist Signature |

INFORMATION ON THIS FORM IS CONFIDENTIAL  
IF YOU RECEIVE THIS IN ERROR PLEASE FAX TO  
QUALITY DEPT: 1 (604)708-2114

April 2021

40220



## Appendix C – Colposcopy Training and Certification Application

ML 2018-09-06

### BC Colposcopy Training and Certification Application

Date:  
 Name:  
 Contact Address:  
 Contact Phone Number:  
 Contact email:

|                                     |                   |
|-------------------------------------|-------------------|
| Medical School:                     | Year Completed:   |
| Residency Program:                  | Year Completed:   |
| Certification:                      | Year Obtained:    |
| Current Hospital Staff Appointment: | Appointment date: |
| Current Hospital Staff Appointment: | Appointment date: |

Please describe any previous Colposcopy training and/or experience you have had:

Please provide the name of the reference of the clinical supervisor for this training:

Please list any CME Colposcopy Courses completed:

| Date | Title | Institution/Organization (e.g ASCCP) |
|------|-------|--------------------------------------|
|      |       |                                      |
|      |       |                                      |
|      |       |                                      |

Please list your membership in any relevant professional societies: (e.g. ASCCP)

Where are you planning on practicing Colposcopy in BC?

When are you planning on starting?

Do you have a Colposcopist in your clinic that is willing to supervise your training? If so, please provide name and contact details:

**Thank you. We will contact you after reviewing your application. If you have any questions please do not hesitate to contact us.**

## Appendix D – Colposcopy Terms of Certification



### BC Cancer Colposcopy Terms of Certification

Dear Colleague:

Re: Colposcopy Certification

Thank you for your interest in colposcopy training. We are committed to providing access to high quality colposcopy services to BC women.

For certification to perform colposcopy in one of the BC Cancer Colposcopy Clinics you will need to complete the following steps in order:

1. Complete and return the application.  
This will be reviewed to determine if you are eligible for training. Please do not proceed until you have been approved for training.
2. Review and sign off on this document – Terms of Certification.
3. Complete a comprehensive colposcopy CME course.  
If you have already participated in a recent colposcopy course please forward the agenda of the meeting and proof of participation (e.g. certificate of attendance). The Society of Canadian Colposcopists ([www.colposcopycanada.org](http://www.colposcopycanada.org)) occasionally offers courses at SOGC conferences (<https://sogc.org>). The CME meetings organized by the American Society for Colposcopy and Cervical Pathology Meetings are excellent educational events and are highly recommended. See their website for more details - [www.asccp.org](http://www.asccp.org). There is an online course from the UK which is also acceptable at <http://colposcopycourses.com/online-courses/>
4. Successfully complete (score >75%) the colposcopy certification exam.  
Please contact our office to receive this take home exam once you have completed a course. Your exam will be marked and reviewed with you, usually by phone.

**Note: These 3 steps need to be completed prior to participating in the colposcopy practicum.**

5. The completion and documentation (logbooks, summary table and evaluation forms) of approximately 12 supervised BC Cancer affiliated colposcopy clinics (the number of clinics required will depend on your previous experience and training and the numbers/types of encounters to which you are exposed). Within these clinics you should be responsible for colposcopic examinations and assessments, the review of all results, and management decisions pertaining to these patients. You may need to arrange for secure receipt of these results after you have left town. Please review the below table to ensure you have familiarized yourself with the volume/types of cases generally required for training. You will be provided with a logbook to document cases, results and management. For each clinic that you do, you will need to have the



mentor for that clinic complete an evaluation form that is to be returned to us either directly or through you. At least half of the training clinics must be at the VGH site and in some situations the other half may be able to be done at the colposcopy clinic in which you plan to work.

**Please contact us soon to arrange compatible dates in the VGH Colposcopy Clinic – clinics are currently running Monday, Tuesday, Thursday and Friday mornings and Tuesday and Wednesday afternoons.** We have a large number of learners in our clinics – please give us as much notice as possible (i.e. several months).

| Procedure                     | Observed (number of cases) | Performed Under Direct Supervision | Performed Under Indirect Supervision | N/A |
|-------------------------------|----------------------------|------------------------------------|--------------------------------------|-----|
| <b>Colposcopic Exams</b>      |                            |                                    |                                      |     |
| New cases                     |                            | ≥ 25                               | ≥ 25                                 |     |
| High grade                    |                            | ≥ 10                               | ≥ 10                                 |     |
| <b>TOTAL</b>                  |                            | ≥ 50                               | ≥ 50                                 |     |
| <b>Treatments</b>             |                            |                                    |                                      |     |
| LEEP under local anesthetic   |                            | ≥ 10                               |                                      |     |
| LEEP under general anesthetic |                            |                                    |                                      |     |
| Cone biopsy                   |                            |                                    |                                      |     |
| Laser cervix                  |                            |                                    |                                      |     |
| Laser vagina                  |                            |                                    |                                      |     |
| <b>TOTAL</b>                  |                            |                                    |                                      |     |

Once you have received pathology results and completed and submitted your logbook (including the management column) and summary table, these will be evaluated and reviewed with you, usually by phone. Evaluation forms will be reviewed. If these are all satisfactory, you will receive a letter documenting your successful completion of the training and certification process.



**Following certification, it is expected that you will continue to be engaged in the BC Colposcopy community through the following activities:**

Participate in colposcopy CME including the annual BC Cancer Colposcopy Update at least 2 of every 3 years. The update is generally the first Friday every May.

Participate in BC Cancer Colposcopy Quality Assurance Activities. We will be reviewing outcome measures of the provincial and regional colposcopy programs and we will need the support and participation of all our colposcopists.

We appreciate that you have an extremely busy clinical practice and that participation in the colposcopy program will require sacrifice. We will endeavor to make the process as efficient as possible for you. If you have any questions or concerns about these recommendations please do not hesitate to contact us.

You may be eligible to apply for a grant to assist you in this process. For example, see website:

<http://www.royalcollege.ca/rcsite/awards-grants/professional-development/regional-professional-development-grant-e>

If you wish to continue with the certification please sign off on the Terms of Certification and return to our office. Your application will be active for 6 months and we expect that you will complete certification in a timely manner. If you do not complete certification within 6 months you may need to re-apply unless there are extenuating circumstances.

\_\_\_\_\_ Yes I have read the steps of the certification process and wish to continue with the application. I commit to completing the certification process within 6 months.

\_\_\_\_\_ No I do not wish to continue with the application at this time.

Please indicate what date you wish to begin working in a colposcopy clinic: \_\_\_\_\_

Trainee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Kindly yours,

Marette Lee, MD, MPH, FRCSC  
Gynecologic Oncology  
Provincial Colposcopy Lead, Cervix Screening Program  
Vancouver General Hospital  
604-875-5608/604-875-4268  
British Columbia Cancer Agency  
604-877-6000 x 2367/2353



## Appendix E – Colposcopy Core Competencies



# BC Colposcopy – 51 Core Competencies

## EFC MINIMUM STANDARDS FOR TRAINING IN COLPOSCOPY – 51 CORE COMPETENCIES

### A. Preliminary/Preparatory

1. Understand the development of cervical pre-cancer
2. History taking
3. Positioning of patient
4. Insertion of vaginal speculum
5. Perform cervical smear (including Cytobrush)
6. Perform bacteriological swabs
7. Take samples for HPV testing
8. Practice complies with Health and Safety recommendations
9. Understand National Cervical Screening Guidelines

### B. Colposcopic examination

10. Position and adjust the colposcope
11. Determine whether or not the entire transformation zone (TZ) is visible
12. Determine whether or not colposcopy is satisfactory
13. Recognize abnormal vascular patterns
14. Examination of TZ with saline and green filter
15. Examination of TZ with acetic acid
16. Quantify and describe acetic acid changes
17. Use endocervical speculum
18. Schiller's Test
19. Examination of vagina with acetic acid

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### C. Colposcopic features of the normal cervix

20. Recognize original squamous epithelium
21. Recognize columnar epithelium
22. Recognize metaplastic epithelium
23. Recognize Congenital Transformation Zone
24. Recognize features of a postmenopausal cervix
25. Recognize effects of pregnancy

### D. Colposcopic features of the abnormal lower genital tract

26. Recognize low grade pre-cancerous cervical abnormality
27. Recognize high grade pre-cancerous cervical abnormality
28. Recognize features suggestive of invasion
29. Recognize and assess Vaginal Intraepithelial Neoplasia
30. Recognize and assess Vulvar Intraepithelial Neoplasia
31. Determine the extent of abnormal epithelium
32. Recognize acute inflammatory changes
33. Recognize HPV infection
34. Recognize condylomata plana
35. Recognize condylomata accuminata
36. Recognize changes associated with treatment
37. Recognize benign cervical polyps





## E. Practical Procedures

38. Administer local analgesia
39. Determine where to take directed cervical biopsies
40. Perform a directed cervical biopsy
41. Perform a directed vaginal biopsy
42. Perform a directed vulvar biopsy
43. Control bleeding from biopsy sites

## F. Administration

44. Document findings
45. Manage appropriately patients according to guidelines

## G. Communication

46. Ensure adequate information given to patient
47. Counsel patients prior to colposcopy
48. Obtain informed consent correctly
49. Counsel patients after colposcopy
50. Break bad news
51. Communicate well with other health professionals

**Cervix Screening Colposcopy Standards Change Log Revision History**

| <b>Date</b>   | <b>Action</b>                  | <b>Pages affected</b> | <b>Details</b>   |
|---------------|--------------------------------|-----------------------|--|
| November 2020 | New Document                   | All                   |  |
| January 2024  | Updated for HPV implementation | 7 and 8               | PPV references and wait time standards were updated to reflect new HPV testing implementation. |