



**HAL**  
open science

## What gynaecologists need to master: Consensus on medical expertise outcome of pan-European postgraduate training in obstetrics and gynecology

Charles Redman, Ulrich Petry, Simon Leeson, Pekka Niemenen, Xavier Carcopino, Christine Bergeron, Olaf Reich

### ► To cite this version:

Charles Redman, Ulrich Petry, Simon Leeson, Pekka Niemenen, Xavier Carcopino, et al.. What gynaecologists need to master: Consensus on medical expertise outcome of pan-European postgraduate training in obstetrics and gynecology. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 2018, 222, pp.182. 10.1016/j.ejogrb.2017.11.007 . hal-02058134

**HAL Id: hal-02058134**

**<https://amu.hal.science/hal-02058134>**

Submitted on 23 Apr 2019

**HAL** is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

## What gynaecologists need to master: Consensus on medical expertise outcome of pan-European postgraduate training in obstetrics and gynecology

Harmonisation of training standards in postgraduate Obstetric and Gynaecological Training is important but this should be not at the expense of ignoring previously agreed pan-European quality standards. The recent Delphi process jointly undertaken by the European Board & College of Obstetrics & Gynaecology (EBCOG) and the European Network of Trainees in Obstetrics and Gynaecology suggests that all gynaecological trainees should be able to perform LLETZ and conisation of the cervix [1]. This is ill-advised.

The European Federation for Colposcopy and Pathology of the Lower Genital Tract (EFC) has, since its inception in 1998, promoted improving the quality of colposcopy throughout Europe. To this end it has worked closely with EBCOG and completely endorsed the 2014 EBCOG statement which stated: "All colposcopists should have had formal training and be recognised or certificated as suitable to practice colposcopy. All European training programmes should comply with European Federation for Colposcopy (EFC) training standards." [2]. The EFC training standards were developed through consensus by a group of expert colposcopists in 2004 and recommend that all trainee colposcopists must see at least 150 patients under supervision. These recommendations have been subsequently been ratified on a number of occasions and are being adopted throughout Europe. LLETZ or conisation are relatively easy procedures to do but it is vital that practitioners have the necessary skills and experience on how best and when to use them: in the wrong hands the potential for harm is immense [3].

It is simply not feasible for all gynaecological trainees to complete the requisite training and to lower training standards to enable this would completely undermine the EBCOG's stated aim of promoting safe patient care. Colposcopy, including the practical procedures of LLETZ and conisation, should comprise an elective module and not form part of the mandatory core.

## References

- [1] van der Aa J, Tancredi A, Goverde A, et al. What gynaecologists need to master: consensus on medical expertise outcome of pan-European postgraduate

training in obstetrics and gynecology. *Eur J Obstet Gynecol Reprod Biol* 2017;216:143–52.

- [2] Mahmood T, Benedetto C, Hornnes P, et al. Standards of care of Women's Health in Europe–gynecology services. *EBJOG* 2014.
- [3] Kyrgiou M, Athanasiou A, Paraskevaidi M, et al. Adverse obstetric outcomes after local treatment for cervical preinvasive and early invasive disease according to cone depth: systematic review and meta-analysis. *BMJ* 2016;354:i3633.

Charles Redman\*

*Department of Obstetrics and Gynaecology, Royal Stoke University Hospital, Stoke-on-Trent, ST4 6QG, UK*

Ulrich Petry

*Klinikum Wolfsburg, Frauenklinik Schwerpunkt Gynäkologische Onkologie, Sauerbruchstrasse 7, 38440 Wolfsburg, Germany*

Simon Leeson

*Department of Obstetrics and Gynaecology, Betsi Cadwaladr University Health Board, Bangor, Gwynedd LL57 2PW, UK*

Pekka Niemenen

*Department of Obstetrics and Gynaecology, Helsinki University Central Hospital, Helsinki, Finland*

Xavier Carcopino

*Department of Obstetrics and Gynaecology, Hôpital Nord, APHM, Aix-Marseille University (AMU), Univ Avignon, CNRS, IRD, IMBE UMR 7263, 13397, Marseille, France*

Christine Bergeron

*Département d'Anatomopathologie, Laboratoire Cerba, 95066 Cergy Pontoise, France*

Olaf Reich

*Department of Obstetrics and Gynecology, Medical University of Graz, Auenbruggerplatz 14, 8036 Graz, Austria*

\* Corresponding author.

E-mail address: [charles.redman@uhn.nhs.uk](mailto:charles.redman@uhn.nhs.uk) (C. Redman).