

Chapter 6 - Providing a Colposcopy Service

Table of Contents

Introduction	2
Colposcopy Services and Providers	3
Definitions	3
Colposcopy Staffing Policy.....	5
External Quality Assurance Policy	6
Internal Quality Control Policy	7
Work Practices Policy	8
Interface between Colposcopy and the NCSP Regional Services Policy	9
Referral for Colposcopy Policy.....	10
Support For Women Policy.....	11
Providing Information to Women Policy	13
Outpatient Treatment Guidelines	15
Ablative Treatment Guidelines	16
Providing Information about Results Guidelines	17
Follow-up Treatment Guidelines	18
Failure or Refusal to Attend Guidelines.....	19
Data Collection for the Development of New Targets.....	21
Informing Women About Colposcopy Referral and Assessment	22
Improving Timeliness of Diagnosis	23
Documenting Colposcopy Assessment	24
Informing Women of Colposcopy Treatment and Follow-up.....	25
Ensuring Timeliness of Treatment	26
Ensuring Appropriate Selection for and Quality of Treatment	27
Delivering Appropriate Outpatient Treatment	28
Timely Discharging of Women after Treatment	29
Managing Women Who Did Not Attend	30
Ensuring Colposcopy Services are Adequately Staffed.....	31
Maintaining Staff Skill Levels	32
Providing an Adequate Clinical Environment	33

Chapter 6 - Providing a Colposcopy Service

Introduction

About this chapter

The aim of this chapter is to provide health professionals with policy, guidelines and standards, when providing a colposcopy service for the National Cervical Screening Programme (NCSP).

References

For further information refer to:

- *Guidelines for the Management of Women with Abnormal Cervical Smears, Ministry of Health 1999.*

Chapter 6 - Providing a Colposcopy Service

Colposcopy Services and Providers

Definitions

Introduction

This topic defines or explains the following:

- colposcopy
 - colposcopy role
 - service providers
 - service provider role
 - women who require colposcopy.
-

Colposcopy definition

Colposcopy is the visual examination of the cervix using a low powered microscope, known as a colposcope. Colposcopy facilitates the diagnosis and treatment of cervical abnormalities and guides the taking of biopsies for histological diagnoses. It is also used to visualise the cervix during treatment, using a range of treatment methods.

Role of colposcopy

Colposcopy is central to the successful diagnosis and treatment of cervical abnormalities.

The primary objective of colposcopy is to undertake a comprehensive visual examination of the cervix in women with:

- screen detected cytological abnormalities
 - visible abnormalities of the cervix, or
 - symptoms and signs of cervical cancer.
-

Contracted service providers

The contracted colposcopy service providers are:

- District Health Boards (DHBs), where the service is usually part of a gynaecological or women's health service.
-

Continued on next page

Chapter 6 - Providing a Colposcopy Service

Definitions, Continued

Role of service provider

The role of service providers for colposcopy includes:

- providing information about attending colposcopy
 - informing women about referral, assessment and support
 - diagnosis
 - discussion of diagnosis, options for treatment, implications, management and follow-up
 - assisting women in making informed decisions
 - documenting colposcopy assessment
 - referral to support services as required.
-

Women who require colposcopy

Women referred for colposcopy may have:

- clinical suspicion of invasive carcinoma
 - high grade smear abnormalities
 - persistent low grade abnormalities.
-

Chapter 6 - Providing a Colposcopy Service

Colposcopy Staffing Policy

Purpose

The purpose of this policy is to:

- ensure that colposcopy services are provided by trained and experienced staff
 - identify colposcopy staff
 - define colposcopy services staff responsibilities.
-

Policy

Colposcopy services staff must be appropriately qualified and experienced. Colposcopy must be performed by a trained colposcopist, who works closely with other health professionals including:

- an experienced gynaecology or sexual health nurse
- a pathologist (there must be formal arrangements for consultation with a pathologist if there is not one on site).

Note: Colposcopists under training must be supervised by an experienced colposcopist.

Colposcopists must:

- maintain a volume and spectrum of new referrals to enhance diagnostic and treatment skills. This volume must be a minimum of 50 cases per annum, but ideally should be 100 cases per annum.
 - participate in continuing medical education.
-

See also

See also:

- Standard 610, page 6.31
 - Standard 611, page 6.32.
-

Chapter 6 - Providing a Colposcopy Service

External Quality Assurance Policy

Background The national indicators for monitoring the NCSP have been agreed and an independent monitoring group (IMG) has been monitoring the performance of the NCSP since 2001.

Monitoring All colposcopy service providers contracted to the NCSP are monitored by an independent monitoring group, which monitors colposcopy specific indicators with targets on a quarterly basis. The National Screening Unit follows up any issues arising from the reports.

Details Colposcopy units:

- receive the quarterly monitoring reports
- are expected to use the reports as part of their own quality control processes.

See also IMG reports are also available on www.healthywomen.org.nz

Chapter 6 - Providing a Colposcopy Service

Internal Quality Control Policy

Purpose

The purpose of the internal quality control system is to:

- identify potential sources of error
 - detect and minimise errors
 - make continual improvement to internal processes.
-

Policy

Colposcopy services must have documented internal quality control systems that will cover all its activities, and which:

- provide the means of identifying potential sources of error in the colposcopy service operation
 - implement controls to detect and minimise errors
 - identify ways of improving the quality of service to women
 - provide a framework for remedial action, to improve operational processes when identified.
-

Details

Examples of internal quality control activities may include systems for:

- reviewing post treatment recurrences
 - follow up and review where there was positive cytology and negative histology results
 - regular review of significant incident reporting
 - formal arrangements for regular discussions of cases with medical colleagues and other health professionals.
-

Chapter 6 - Providing a Colposcopy Service

Work Practices Policy

Purpose The purpose of this policy is to ensure that colposcopy services providers adhere to standard work practices.

Policy The colposcopist must:

- make a treatment plan in discussion with the woman, once a diagnosis is reached
- inform the woman's GP / primary care provider (PCP), as soon as possible, of the diagnosis, options given to the woman, and the choices she makes, if known
- attend regular multidisciplinary meetings, with pathologist, cytologist and colposcopy staff.

Additional guidelines The colposcopist should:

- have the cytology report and screening history during colposcopy examination
- advise the pathologist whether the biopsy is considered diagnostic or excisional when a biopsy is taken
- provide the laboratory with a full history such as that required to accompany a cervical smear
- inform the smear taker of the diagnosis if this is not the woman's regular GP/PCP.

Details The purpose of the multidisciplinary meetings are to:

- discuss cases
- make decisions on further actions
- facilitate ongoing peer review and education.

See also See also:

- Standard 611, page 6.32.

Chapter 6 - Providing a Colposcopy Service

Interface between Colposcopy and the NCSP Regional Services Policy

Purpose The purpose of this policy is to ensure understanding by colposcopy staff that a woman is ‘signed out of’ or ‘signed in to’ the NCSP-Register when she is referred to colposcopy.

Policy Women are ‘signed out’ during colposcopy treatment and ‘signed in’ once the colposcopy treatment is completed.

Details Note the following details:

- NCSP Regional Services do not send any letters to women advising them of their results or recommended recall while they are under the care of a specialist or colposcopist. The NCSP sends letters to women appropriate to their test results and smear history once they are signed back in to the NCSP-Register.
- The length of time between signing a woman out and her estimated sign back in date could vary between 3 and 12 months, with the maximum period being 12 months. The NCSP Regional Services ascertain the status of each woman who is signed out before signing her back in. If she is still under the care of a specialist, the sign out period is extended by up to 12 months.

See also See also:

- Chapter 7, Providing a NCSP Regional Service.

Chapter 6 - Providing a Colposcopy Service

Referral for Colposcopy Policy

Purpose The purpose of this policy is to facilitate the prompt referral of women to attend colposcopy services.

Policy The woman and her smear taker are to be notified of receipt of referral to attend colposcopy services as soon as possible after the referral has been received by the clinic.

Details The urgency of colposcopic examination depends on the degree of abnormality indicated by the smear result or by clinical examination, as described below:

- women in whom there is a clinical suspicion of invasive carcinoma, and women in whom the smear is suspicious of invasive disease must receive colposcopy or a gynaecological oncology assessment within one week of receipt of referral
 - women who have high grade smear abnormalities must receive colposcopy within four weeks of receipt of referral
 - women in whom there are persistent low grade abnormalities must receive colposcopy within 26 weeks of receipt of referral.
-

Māori support services Māori support services will be utilised, where they are available, to assist in locating, support and follow-up of women referred for colposcopy.

See also See also:

- *Cervical Screening, Guidelines for Management of Women with an Abnormal Cervical Smear*, NCSP 1999
 - Standard 601, page 6.22
 - Standard 602, page 6.23.
-

Chapter 6 - Providing a Colposcopy Service

Support For Women Policy

Purpose

The purpose of this policy is to:

- encourage women to attend colposcopy appointments
 - provide support for women
 - meet each woman's needs.
-

Policy

Colposcopy services must be available and appropriate to women.

- Māori, as Tangata Whenua (people of the land), have a special relationship with the Crown. The Crown has duties and responsibilities under the Treaty of Waitangi to ensure improved Māori health outcomes. Service providers as agents of the Crown have an obligation to fulfil these responsibilities.
- Colposcopy services are required to be appropriate and supportive of Pacific women, Asian women and women from other ethnic groups, and to acknowledge their culture and ensure cultural competence throughout the service.
- Colposcopy services are required to meet the diverse needs of women of all ages and sexual orientation.

Note: Colposcopy services are required to be culturally safe, ensuring that the individual women's needs are met. The service should ensure staff undertake Treaty of Waitangi training and are able to apply these concepts when working with Māori women.

Details

Colposcopy services must:

- encourage and provide facilities for the woman's family, whanau or other support people to attend the colposcopy appointment
 - provide adequate information regarding colposcopy procedures and their implications
 - ensure there is adequate time for decision making
 - have counselling available from a counsellor or social worker, or a nurse with counselling experience
 - obtain informed consent from the woman for the presence of non-essential personnel.
-

Continued on next page

Chapter 6 - Providing a Colposcopy Service

Support For Women Policy, Continued

See also

See also:

- Chapter 4, page 10 for additional information regarding informed consent
 - Providing Information to Women Policy, page 6.13
 - Standard 601, page 6.22.
-

Chapter 6 - Providing a Colposcopy Service

Providing Information to Women Policy

Purpose The purpose of this policy is to provide women with accurate and timely information necessary in making a decision.

Policy The following policies apply.

- An experienced nurse or social worker must be available to all women during and after the consultation.
- Colposcopy services must provide women with information necessary:
 - before a visit
 - during a visit, and
 - after diagnosis.
- Colposcopy services must inform all women that:
 - their results will be sent to the GP and smear taker (if not the GP), in accordance with Rule Three of the Health Information Privacy Code (1994)
 - their information, smear and biopsy results will be forwarded to the NCSP.
- Colposcopy Services will ensure there is adequate time and space for:
 - education
 - support
 - decision making regarding diagnosis and treatment options
 - questions to be answered.

Information to be given prior to visit Prior to the initial visit, women must be:

- sent the NCSP colposcopy pamphlet
- told whether treatment may take place during the visit
- told that they may be accompanied by a support person
- sent an appropriately worded invitation letter with their appointment that includes:
 - a contact name, telephone number and times to phone
 - what to do if menstruating at the time of appointment
 - how to notify the colposcopy services if there is a need for an interpreter or any special services
 - what the follow-up procedures are, where appropriate.

Continued on next page

Chapter 6 - Providing a Colposcopy Service

Providing Information to Women Policy, Continued

Information to be given after diagnosis

After diagnosis women must be given:

- all the options for treatment, in order to assist the woman to make an informed decision
- written information on treatment options, which must include the advice that she can see her GP/PCP or other agencies for further information
- information regarding appropriate anaesthetic options
- information about the availability of free, high quality treatments
- the option for referral to a gynaecology oncology service, where required, for women with a diagnosis of cancer
- information on referral to long-term support services, where required.

Note:

Support services may include:

- gynaecology / oncology services for women with a diagnosis of cancer
 - appropriate long term support services in the community e.g. the Cancer Society, counselling or other nursing or voluntary agencies.
-

See also

See also:

- Rule Three of the Health Information Privacy Code (1994)
 - Standard 604, page 6.25.
-

Chapter 6 - Providing a Colposcopy Service

Outpatient Treatment Guidelines

Purpose The purpose of these guidelines is to ensure that appropriate outpatient treatment is provided.

Guidelines The following guidelines apply.

- A significant proportion of colposcopy treatment should be performed as outpatient or day stay.
- Outpatient treatment must be provided in properly equipped colposcopy units.

See also See also:

- Standard 607, page 6.28
- Standard 612, page 6.33.

Chapter 6 - Providing a Colposcopy Service

Ablative Treatment Guidelines

Purpose The purpose of these guidelines is to ensure appropriate selection for ablative treatment and appropriate quality of treatment.

Guidelines All women should have had their histological diagnosis established prior to ablative therapy.

Colposcopic assessment and immediate treatment (referred to as ‘see and treat’) should only be considered if:

- circumstances are appropriate or immediate treatment is necessary
 - the colposcopic examination is consistent with the cytology referral
 - the limits of the lesion are visible
 - the whole abnormality can be excised
 - there is no suspicion of invasion
 - there is an excisional specimen available for histological examination.
-

See also See also:

- *Cervical Screening Guidelines for Management of Women with an Abnormal Cervical Smear*, NCSP 1999.
 - Standard 606, page 6.27.
-

Chapter 6 - Providing a Colposcopy Service

Providing Information about Results Guidelines

Purpose The purpose of these guidelines is to ensure women are adequately informed about colposcopy treatment and follow up.

Guidelines Colposcopy services:

- should discuss the likely result with women at the time of the colposcopy appointment
- should organise a specialist to see (or if not feasible phone) women whose actual result is significantly different from the likely result, so that they can discuss the results
- must inform women when the definitive results are expected, allowing for pathology and team meetings
- must make an arrangement with the woman so that she will receive results by means suitable to her
- must advise the woman's GP/PCP by phone and/or with a letter covering the diagnosis and planned treatment, if there is a diagnosis of cancer.

See also See also:

- Standard 604, page 6.25.

Chapter 6 - Providing a Colposcopy Service

Follow-up Treatment Guidelines

Purpose The purpose of these guidelines is to ensure the correct follow-up procedures are followed.

Guidelines A colposcopy and cervical smear should be performed 6-12 months after treatment.

See also See also:

- Standard 604, page 6.25.
-

Chapter 6 - Providing a Colposcopy Service

Failure or Refusal to Attend Guidelines

Purpose The purpose of these guidelines is:

- to ensure attendance
- manage non-attendance.

Guidelines A reasonable effort should be made to ensure women attend colposcopy, including offering other appointment times.

Support for Māori women Use Māori support services, where they are available, to assist with the locating, support and treatment of Māori women referred for colposcopy.

Process– failure to attend The table below describes the process to be followed when a woman fails to attend a colposcopy appointment.

Note: It is important to document each stage clearly in the woman’s notes.

Stage	Description
1	The woman fails to attend for colposcopy.
2	Colposcopy service staff make three attempts to contact the woman: <ul style="list-style-type: none"> • by phone or mail • through the GP/PCP • through a visit by community health worker/nurse or cultural services staff, where these services are available.
3	Does the woman attend? <ul style="list-style-type: none"> • If yes, there is no further action • If no see stage 4.
4	The woman is sent a letter that outlines the importance of the referral for colposcopy and includes a clear sign-off of responsibility. <p>Note: This should be done in accordance with the Code of Health and Disability Consumers’ Rights.</p>
5	The woman’s smear taker, GP/PCP and NCSP Regional Service (if the woman is enrolled) are advised that the woman failed to attend.

Continued on next page

Chapter 6 - Providing a Colposcopy Service

Failure or Refusal to Attend Guidelines, Continued

**Process–
refused to
attend**

The table below describes the process to be followed when a woman refuses to attend a colposcopy appointment.

Note: It is important to document each stage clearly in the woman's notes.

Stage	Description
1	The woman refuses to attend for colposcopy.
2	Colposcopy service staff encourage the woman to attend: <ul style="list-style-type: none">• by phone or mail• through the GP/PCP• through a visit by community health worker/nurse or cultural services staff, where these services are available.
3	The woman is sent a letter that outlines the importance of the referral for colposcopy, and includes a clear sign-off of responsibility. Note: This should be done in accordance with the Code of Health and Disability Consumers' Rights.
4	The woman's smear taker, GP/PCP and NCSP Regional Service (if the woman is enrolled) are advised that the woman refused to attend for colposcopy.

See also

See also:

- *Code of Health and Disability Consumers Rights*
 - Standard 609, page 6.30.
-

Chapter 6 - Providing a Colposcopy Service

Data Collection for the Development of New Targets

Introduction This section describes the standards and targets to be reached by colposcopy services providers.

Additional data will be collected by the National Screening Unit (NSU) in order to meet the objective below.

Objective The objective is to obtain New Zealand data for measures that encourage good practice, in order to produce additional but appropriate New Zealand targets and standards in future.

Methods of measurement The National Screening Unit (NSU) will collect New Zealand data for each of the indicators listed below through a six-monthly report sent to the NSU, colposcopy reports sent to the NCSP and by provider compliance audits. The NSU will provide support and guidance on the collection of this data from July 2003.

New Zealand data collection The New Zealand data collection will record the following:

- correlation for high grade lesions (CIN 2 or worse) between colposcopy findings and histology results
- the number of biopsies with evidence of CIN or HPV
- the number of attendances or reattendances to the colposcopy clinic or hospital for bleeding, infection or other complications post treatment within 24 hours
- the number of attendances or reattendances to the colposcopy clinic or hospital for bleeding, infection or other complications post treatment within fourteen days
- the number of residual high grade diseases after treatment.

Chapter 6 - Providing a Colposcopy Service

Informing Women About Colposcopy Referral and Assessment

Standard number

601

Standard

All women will receive appropriate communication, including the NCSP colposcopy pamphlet, prior to their visit, which:

- states that a support person may accompany them
 - acknowledges the receipt of their referral
 - gives information regarding the waiting times.
-

Target

100 % of women are informed of the following information:

- receipt of referral
 - either information regarding the waiting time for a colposcopy appointment, or an appointment within 10 working days of the hospital or clinic receiving the referral.
 - that a support person may accompany them
 - the NCSP colposcopy pamphlet prior to their visit
 - whether treatment may take place at the visit
-

Method of measurement

The following method of measurement is used:

- audit.
-

Chapter 6 - Providing a Colposcopy Service

Improving Timeliness of Diagnosis

Standard number

602

Standard

Women who have:

- persistent low grade abnormalities receive colposcopy within 26 weeks of the colposcopy unit receiving the referral from the smear taker
 - high grade smear abnormalities receive colposcopy within 4 weeks of the colposcopy unit receiving the referral from the smear taker
 - evidence of clinical suspicion of invasive carcinoma, or a suspicion of invasive disease, receive colposcopy or a gynaecological assessment within one week of the colposcopy unit receiving the referral from the smear taker.
-

Target

≥95% of women who have:

- persistent low grade abnormalities receive colposcopy within 26 weeks of receipt of referral
 - high grade smear abnormalities receive colposcopy within 4 weeks of receipt of referral
 - evidence of clinical suspicion of invasive carcinoma, or a suspicion of invasive disease, receive colposcopy or a gynaecological assessment within one week of receipt of referral.
-

Method of measurement

The following methods of measurement are used:

- monthly data supplied to NSU
 - audit.
-

Chapter 6 - Providing a Colposcopy Service

Documenting Colposcopy Assessment

Standard number

603

Standard

Accurate and adequate documentation of initial colposcopic assessment must include:

- visibility of the squamo-columnar junction
 - presence or absence of a visible lesion
 - visibility of the limits of lesion
 - colposcopic opinion regarding the abnormality, and
 - recommendations for treatment
 - site and type of biopsy if taken.
-

Target

100% of medical notes will accurately record colposcopic findings including:

- visibility of the squamo-columnar junction
 - presence or absence of a visible lesion
 - visibility of the limits of lesion
 - colposcopic opinion regarding the nature of the abnormality and the requirement for treatment.
-

Method of measurement

The following method of measurement is used:

- audit.
-

Chapter 6 - Providing a Colposcopy Service

Informing Women of Colposcopy Treatment and Follow-up

Standard number

604

Standard

The colposcopist will ensure all women receive their definitive diagnosis by sending and / or discussing the definitive diagnosis with them within 30 working days of their colposcopy visit.

Target

≥90% of women will have been sent and/or will have discussed with them the definitive diagnosis within 30 working days of their colposcopy visit.

Method of measurement

The following methods of measurement are used:

- monthly report to NSU
 - audit
-

Chapter 6 - Providing a Colposcopy Service

Ensuring Timeliness of Treatment

Standard number

605

Standard

Women with:

- HSIL are treated within eight weeks of histological confirmation
 - LSIL are treated within 26 weeks of the decision to treat.
-

Target

≥ 90% of women with:

- HSIL are treated within eight weeks of histological confirmation
 - LSIL have completed treatment within 26 weeks of the decision to treat
-

Method of measurement

The following methods of measurement are used:

- monthly report to NSU
 - audit.
-

Chapter 6 - Providing a Colposcopy Service

Ensuring Appropriate Selection for and Quality of Treatment

Standard number

606

Standard

Women who have ablative treatment must have an adequate histological biopsy taken prior to the treatment.

Target

100% of women who have ablative treatment must have an adequate biopsy taken which will be sent for histological sample.

Method of measurement

The following methods of measurement are used:

- quarterly report to NSU
 - audit.
-

Chapter 6 - Providing a Colposcopy Service

Delivering Appropriate Outpatient Treatment

Standard number

607

Standard

A proportion of women receiving Lletz treatment are managed as outpatients under local analgesia.

Target

90% of Lletz treatments are performed as an outpatient service under local analgesia.

Method of measurement

The following methods of measurement are used:

- six-monthly report to NSU
 - audit.
-

Chapter 6 - Providing a Colposcopy Service

Timely Discharging of Women after Treatment

Standard number

608

Standard

Women who are treated for CIN will:

- have a colposcopy and smear within the 6-12 month period post treatment
 - be discharged back to the smear taker as appropriate.
-

Target

90 % of women treated for CIN will:

- have a colposcopy and smear within the 6-12 month period post treatment
 - be discharged back to the smear taker as appropriate.
-

Method of measurement

The following methods of measurement are used:

- six-monthly report to NSU
 - audit.
-

Chapter 6 - Providing a Colposcopy Service

Managing Women Who Did Not Attend

Standard number

609

Standards

To ensure appropriate management of women who did not attend (DNA):

- All clinics must follow written protocols for the management of DNA
- There are minimal numbers of DNAs at first appointment
- There are minimal numbers of DNAs at follow-up appointments.

Targets

The targets are:

- 100 % of clinics have written protocols for the management of DNA
- <15 % of women fail to attend their first appointment
- <15 % of women fail to attend their follow-up appointments.

Method of measurement

The following methods of measurement are used:

- six-monthly report to NSU.
-

Chapter 6 - Providing a Colposcopy Service

Ensuring Colposcopy Services are Adequately Staffed

Standard number

610

Standards

For appropriate staffing of colposcopy services, the service must ensure:

- colposcopists participating in the NCSP must:
 - be qualified and registered to practise in New Zealand
 - have professional accountability and responsibility for adequate training and standards.
 - colposcopy clinics are directed / led by a named, appropriately skilled medical specialist responsible for ensuring delivery of services in accordance with the policy and standards.
 - there is one named lead clinic nurse who:
 - has gynaecology skills and experience
 - is without concurrent duties in other clinics.
-

Target

The targets are:

- 100% of colposcopist participating in NCSP:
 - are qualified and registered to practise in New Zealand
 - must have professional accountability and responsibility for adequate training and standards.
 - 100% of colposcopy clinics are directed / led by a clinical leader or clinical director responsible for ensuring the delivery of the agreed services in accordance with the policy and standards.
 - 100% of colposcopy clinics have a named lead clinic nurse.
-

Method of measurement

The following method of measurement is used:

- audit.
-

Chapter 6 - Providing a Colposcopy Service

Maintaining Staff Skill Levels

Standard number

611

Standard

Colposcopy units will ensure the maintenance of skill levels of staff performing colposcopy through:

- attaining at least the minimum volumes
 - attendance at national and international colposcopy conferences
 - participation in CME activities, of which one must include peer review.
-

Target

100 % of colposcopists at each DHB:

- will manage a minimum of 50 new cases per annum. The ideal number is 100 per annum
 - will attend a national or international meeting at least once every three years
 - must participate in CME activities of which one must include peer review.
-

Method of measurement

The following methods of measurement are used:

- annual report to NSU (for minimum volumes only)
 - audit.
-

Chapter 6 - Providing a Colposcopy Service

Providing an Adequate Clinical Environment

Standard number

612

Standard

Colposcopy services provide adequate and appropriate space, equipment and facilities ensuring privacy and cultural appropriateness. This may include:

- colposcopy clinic consult rooms / procedure rooms
 - toilet available for women within the unit
 - private space for women if they require private time prior to leaving the clinic
 - space for recovery post LLETZ / Laser treatment
 - adequate private office space for medical and nursing staff (not in an open plan reception area).
-

Target

100 % of colposcopy clinics will provide adequate and appropriate space, equipment and facilities ensuring privacy and cultural appropriateness.

Method of measurement

The following method of measurement is used:

- audit.
-