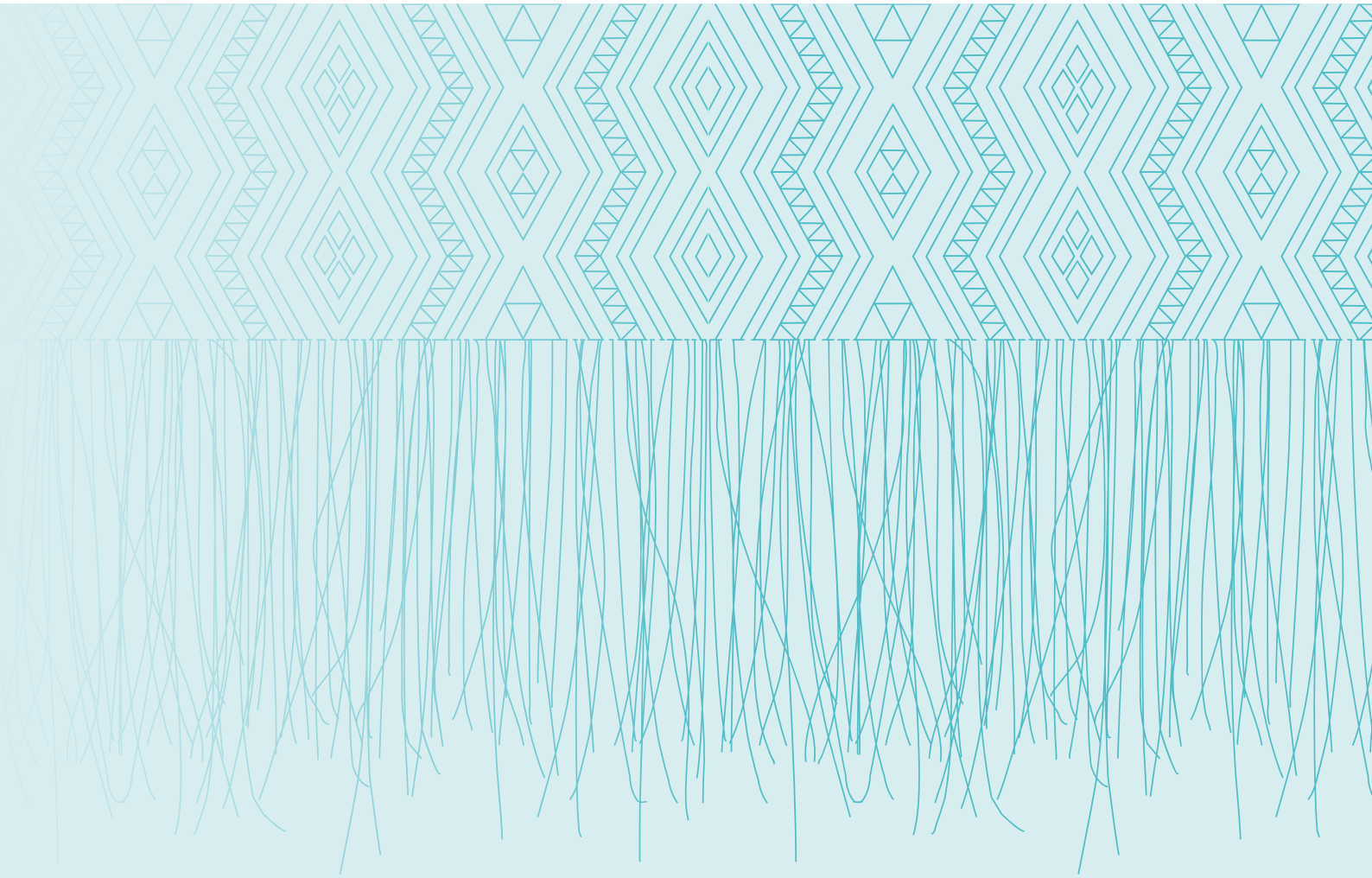
National Screening Unit

Te Whatu Ora
Health New Zealand

NCSP Policies and Standards
Section 6: Providing a Colposcopy Service

Interim v1.0

National Cervical Screening Programme, 2023



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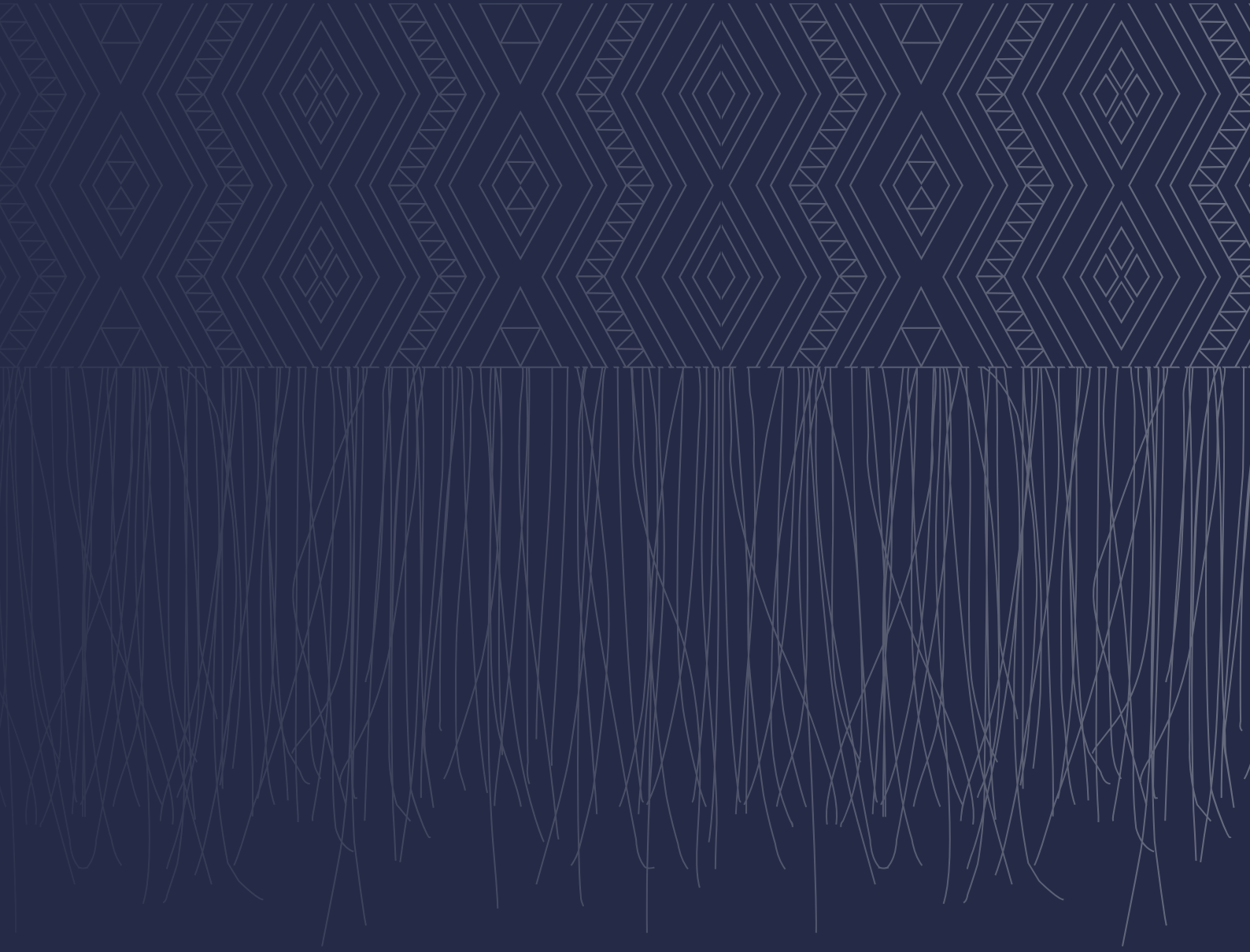

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Te Whatu Ora
Health New Zealand

Contents – Rārāngi Upoko

Introduction – Te Tīmatanga

The quality of colposcopy services is critical in determining the overall quality of the National Cervical Screening Programme (NCSP). In addition to ensuring a quality clinical environment along the cervical screening pathway, the procedures involved, and the participant's experience, support return for further screening, assessment, or treatment as necessary.

In this standard

Standard 6 of the National Cervical Screening Programme (NCSP) Policies and Standards provides information and guidance, and sets the requirements for healthcare providers and professionals providing colposcopy services.

The purpose is to support all those involved in the NCSP to achieve the programme's aims and objectives by ensuring a high standard of colposcopy services and national consistency of service delivery at this step of the screening pathway.

Clinical practice guidelines for cervical screening in Aotearoa New Zealand 2023

In this document reference to the *Clinical practice guidelines for cervical screening in Aotearoa New Zealand 2023* is denoted as the 'NCSP Guidelines' and includes any subsequent updates.

The Guidelines can be found on this link https://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/clinical-practice-guidelines-cervical.

Me aro koe ki te hā o Hine-ahu-one
Pay heed to the dignity of women

Definitions – Ngā Kupu Tautuhi

Abbreviations

GP	General practitioner
HPI	Health Provider (Practitioner) Index
HPV	Human papillomavirus
LBC	Liquid-based cytology
LCN	Lead Colposcopy Nurse
NCSP	National Cervical Screening Programme
NHI	National Health Index
NPQS	National Policy and Quality Standards
NSU	National Screening Unit
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
SSS	Screening Support Services
NZNO	New Zealand Nurses Organisation

Overview – Tiro Whānui

Roles and responsibilities of
- Colposcopists
- Lead Colposcopy Nurses
- Colposcopy Nurses
- Colposcopy Administration

This section (Section 6) of the NCSP policies and standards outlines the roles and responsibilities of the colposcopy workforce and providers of assessment and treatment With a distinction between Colposocopists, Lead Colposcopy Nurses (LCN), Colposcopy Nurses, Service Managers and Colposcopy Administration. Colposcopist and lead colposcopy roles are further described in detail in Appendix 3.

In summary, providers of colposcopy services are responsible for:

- providing information to participants on the NCSP and colposcopy pathway, and what to expect when having an examination and procedure
- providing a culturally safe environment for assessment and treatment ensuring services are sensitive to each person's needs
- ensuring participants are appropriately informed of the result of their test and a system is in place to provide appropriate surveillance
- ensuring the participants are seen for colposcopic assessment and investigation when required and coordinating their ongoing care following discharge.

Colposcopy services should develop close working relationships with their regional NCSP Register coordination team for access to the NCSP Register, support through the pathway, and to link into screening and support providers.

Colposcopy services should develop close relationships and arrangements with Screening Support Services and other local services (e.g. Kaupapa Māori services, Pacific Health services) which can support participants into screening and through the pathway of follow-up, assessment, and treatment.

Te Tiriti o Waitangi and Equity

Pae ora is the Government's vision for Māori health. It provides a platform for Māori to live with good health and wellbeing in an environment that supports a good quality of life.

Pae ora encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high-quality and effective services.

Pae ora is a holistic concept and includes three interconnected elements:

- mauri ora – healthy individuals
- whānau ora – healthy families
- wai ora – healthy environments.

All three elements of Pae ora are interconnected and mutually reinforcing, and further strengthen the strategic direction for Māori health for the future.

Manatū Hauora/Ministry of Health definition of equity:

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

Differential health outcomes are due to numerous factors, and in the Aotearoa New Zealand context this includes the impact of colonisation, loss of land, institutional racism and access to the determinants of health.

In order to meet Te Tiriti o Waitangi principles and address inequities, all health staff must acknowledge Aotearoa New Zealand's cultural diversity and be able to interact effectively, and respectfully, when delivering services to people of different cultural backgrounds. This includes:

- actively working to reduce health inequities for Māori
- adopting a shared responsibility for equity for all population groups
- identifying and prioritising time and resources towards achieving equity
- continuously improving and innovating activities to actively meet Te Tiriti o Waitangi and equity obligations
- following the principles of Māori data sovereignty.

Further, services must ensure staff have had appropriate training on the following key competency areas:

- Understanding racial equity and institutional racism
- Aotearoa New Zealand history and Te Tiriti o Waitangi/Treaty of Waitangi
- Te ao Māori worldview knowledge
- Tikanga/kawa
- Te reo Māori
- Engagement with Māori
- Māori data sovereignty.

References: https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025
Te Mana Raraunga – Māori Data Sovereignty Principles, https://www.tearawhiti.govt.nz/tools-and-resources/crown-engagement-with-maori/

Defining and monitoring colposcopy services

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 and lower genital tract in participants referred with any of the following:

- high risk Human Papilloma Virus (HPV) positive tests
- cytological abnormalities detected on cervical sampling
- visible abnormalities of the cervix
- signs and symptoms of cervical cancer
- location of a possible lesion requiring treatment.

Service providers

Te Whatu Ora Hospital sites are to have service level agreements to provide colposcopy services. Services are usually part of a gynaecological health service.

Colposcopy is also provided by recognised colposcopists working in private practice.

Legislative responsibilities – compliance with the Health Act 1956

In Aotearoa New Zealand colposcopy services must comply with Part 4A of the Health Act 1956. This includes:

- providing information to participants about the NCSP Register if they have not been enrolled and have not withdrawn from the programme, or "as reasonable in the circumstances"
- providing data as specified to the NCSP Register.

Refer to Appendix 2 – section 112M – Duty of persons performing colposcopic procedures.

In order to fulfil its statutory functions related to facilitating continuous improvement (section 112D (d)), the NCSP collects and analyses data on colposcopy services.

Evidence

The NCSP Policies and Standards for colposcopy consider the best available evidence on cervical screening and colposcopy.

Evidence of best practice in cervical screening is changing as understanding of the role of high-risk HPV in cervical cancer improves.

The NSCP Policies and Standards are updated as new evidence becomes available and changes to national policies are made.

Role of colposcopy services

Colposcopy services as part of the NCSP provide the diagnostic and treatment pathway for participants referred with screen detected abnormalities and/or clinical suspicion of cancer.

Auditing

Colposcopy services are regularly audited by an independent audit team agreed to by the National Screening Unit. Audits are provided on site with three-yearly cycles and 18-month surveillance reviews.

Gynaecology Plus

Colposcopy clinics will be expected to adhere to the NSCP IT specifications used to support the programme.

Part A: Colposcopy Standards

Summary of the colposcopy standards

Standard 6.1 Quality and Safety

Criterion 6.1.1
Support services and cultural safety

Appropriate support services are available, and services are culturally safe.

Rationale

The purpose of this standard is to ensure that colposcopy services are culturally safe, and appropriate support services are available, if needed.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.1.1a	Colposcopy providers are expected to use evidence based and culturally responsive strategies to support equitable access and outcomes for priority group participants. This will include monitoring and adjusting approaches where required.	
6.1.1b	Colposcopy clinical and administration staff follow relevant cultural competency or cultural safety guidelines for participants from different cultural backgrounds. Cultural safety training is mandatory for all staff. Māori and Pacific participants are offered Screening Support Services (SSS) where available. If SSS services are not available, participants are supported by the regional screening services or the Lead Colposcopy Nurse to coordinate support.	**Nursing Council of NZ, 2011** **Medical Council of NZ, 2006** **Refer to the Evaluation targets**
6.1.1c	Participants in the screening programme who do not respond to invitations to attend colposcopy, and who are not already engaged with Screening Support Services, must be referred at the earliest opportunity. This must be clearly documented and visible to the screening programme. Where no such services exist, this must be notified to the screening programme.	**Also refer to Standard 6.1.2e**
6.1.1d	Colposcopy services should have counselling available from a counsellor or social worker, or a health practitioner with appropriate experience.	

	6.1.1e	To support Māori and Pacific participants during the diagnostic and treatment pathway it is important for colposcopy services to maintain communication with SSS in regard to upcoming appointments where SSS are available.	
	6.1.1f	When participants are given their appointment, they are advised they have the choice to have a support person or persons present for any clinic appointment or outpatient procedure. Te Whare Tangata is of cultural importance to Māori particpants. Māori participants may have a preference for a female colposcopist. Those of other cultural backgounds (Pacific and Muslim people) and participants with a history of sexual trauma may also have a preference for a female colposcopist. At the time of booking participants' colposcopy appointment they should be asked if they have preference in regard to the gender of their colposcopist, where this is possible.	**Also refer to Standard 6.1.2**
Evaluation process	Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan. Standard 6.1.1a is monitored by the Nursing Council of NZ and the Medical Council of NZ.		
Evaluation targets	6.1.1a	Colposcopy service managers, lead colposcopists and lead colposcopy nurses should complete the co-design in health modules through the Manatū Hauora LearnOnline platform.	
	6.1.1b	3-yearly audit to demonstrate participation in cultural competency training.	
	6.1.1c	Referral to SSS, notification to screening programme via NCSP register if no SSS available.	
	6.1.1d	Where colposcopy services are utilising internal or external SSS there should be monitoring and evaluation of the process to ensure the services are meeting the needs of participants.	

Standard 6.1 Quality and Safety

Criterion 6.1.2
Consent processes (including patient information)

The unit has processes in place to ensure that participants are provided with accurate and timely information before, during and after the colposcopy visit.

Rationale

Information allows participants to make informed choices about their care.

Appropriate information ensures that participants are more prepared for the procedure.

Participants require aftercare information to ensure safety and the early detection of complications.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.1.2a	When scheduling colposcopy clinic appointments a patient focused approach is recommended. Phone contact should be made with the participant to offer an appointment date and time which is suitable to the participant, to encourage attendance. This provides the clinic the opportunity to check if a referral to SSS is required and the preference of the gender of the colposcopist. If contact is unable to be made the colposcopy service should check the contact details of the participant with the referring practitioner. Referral to SSS is recommended (where available) if contact cannot be made by phone. A letter can be sent to the participant asking them to contact the clinic to book an appointment if clinics are unable to contact the participant by phone. Text reminders 24-48 hours prior to the participant's colposcopy appointment are recommended.	
6.1.2b	Participants are sent an invitation to attend a colposcopy appointment. This includes: • a contact person at the clinic, and a contact telephone number • the fact they can bring a support person/ persons with them • information on the colposcopy assessment or treatment that will be undertaken (see below).	

	6.1.2c	A range of communication methods and materials are available to ensure that participants are appropriately informed about what to expect at the colposcopy assessment. Participants are provided with information on any treatment that will be undertaken, including the level of discomfort to be expected during any procedure. Information will be available on the NCSP website translated into several languages.	**Written patient information** **Website information** **Verbal information** **NB For colposcopy assessment the minimum standard is met with participants being provided with the Te Whatu Ora pamphlet or fact sheet on colposcopy** **Or referral to the resources on Te Whatu Ora website**
	6.1.2d	Interpreting services are available and used, if required. This includes access to sign language interpreters.	**Also refer to Standard 6.1.1b**
	6.1.2e	The participant's consent is sought prior to colposcopy if anyone not essential for its performance is to be present (e.g medical or nursing trainees). Participant's consent is sought for any clinical photography. Consent for clinical photographs is sought prior to the images being taken.	
	6.1.2f	If participants are not enrolled in the NCSP (i.e there is no screening history and they have not withdrawn from the programme) they are informed by the clinic about the NCSP and the NCSP Register and are advised on processes to follow if they decline to be enrolled. If they are already on the NCSP Register they are informed about the NCSP as is reasonable in the circumstances.	**Refer to Appendix 2 – section 112M of Part 4A of the Health Act 1956** **NB this standard is met with participants being provided the Te Whatu Ora pamphlet or fact sheet on colposcopy**
	6.1.2g	All participants are given verbal and written information about post-procedure after care, and the next steps appropriate to their care, including follow-up arrangements.	
Evaluation process	Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan.		
Evaluation targets	No quantitative target. All criteria are met.		

Standard 6.1 Quality and Safety

Criterion 6.1.3
Results of colposcopy procedures and referral or follow-up

The unit implements and monitors systems to ensure robust and timely interpretation, reporting and communication of results, and appropriate referral depending on the results.

Rationale

Timely communication and actioning of results and follow-up is essential to ensure optimal clinical outcomes.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.1.3a	Follow-up/discharge is determined by the treating colposcopist and ordinarily follows the Guidelines (unless there is a documented reason not to do so). Follow-up/discharge advice is documented.	*Clinical Practice Guidelines for Cervical Screening in Aotearoa New Zealand 2023* Appendix 1 – Colposcopy data requirements
6.1.3b	Participants are informed of the results of the procedure and about discharge/ follow-up. 95% receive the advice within four weeks.	
6.1.3c	There is a process in place for referring appropriate cases to a multi-disciplinary meeting (MDM) for review.	Refer to Part B – Guidance on MDMs
6.1.3d	A summary of the participant's assessment, diagnosis and treatment is sent to the patient's referring practitioner and GP, if different, and includes follow-up information. Follow-up information should provide guidance on type of follow-up test required and when the next test is due. Where there may be concern the participant does not have access to a healthcare provider for follow-up screening, information should be provided on SSS for these participants.	
6.1.3e	The discharge date, the provider to whom a discharge is made, and the timeframe when the participant should be followed up are recorded.	Appendix 1 – Data requirements

Evaluation process	Internal and external audit processes are used to ensure that the criteria are complied with. Risks or issues that are identified are addressed through a CQI process and/or the Quality Plan.
Evaluation targets	The quantitative target should be audited annually.

Standard 6.1 Quality and Safety

Criterion 6.1.4
Involvement in Multi-Disciplinary Meetings (MDMs)
Colposcopists participate in MDMs for case review.

Rationale

Involvement in MDMs:
- provides the opportunity to discuss cases where there is lack of correlation between cytology and histology results which could have clinical implications for the management of participants
- ensures that the lines of responsibility for documentation and follow-up of cases discussed at MDM are clearly defined so that the management of individuals is not compromised.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.1.4a	Formal arrangements are in place for colposcopy staff (Colposcopists, Lead Colposcopy Nurse/s, Colposcopy Nurses, Colposcopy Administration) to attend MDMs with clinical laboratory colleagues on a regular basis.	**Refer to the Evaluation targets** **Refer to Part B – Guidance on MDMs**
6.1.4b	All cases discussed at MDM are fully documented, including the outcome of the review, future management plans and the identity of the individuals responsible for further actions for each individual case. Participants are informed of the results within 4 weeks.	
6.1.4c	The laboratory is informed about the outcome of MDMs if different to the clinical pathway for the result. NB In colposcopy units this information is automatically transferred to the NCSP Register).	**Refer to the Colposcopy data requirements in Appendix 1**

Evaluation process

Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through the Quality Plan.

Evaluation targets

Colposcopists attend at least 50% of the local MDMs held and all meetings where their participants are discussed.

Meetings are held at least six times per year, though monthly is best practice.

Otherwise, all criteria are met.

Standard 6.1 Quality and Safety

Criterion 6.1.5
Complaints and consumer feedback

The unit implements and reviews systems to ensure that participants are able to feed back on their experience of the service and the feedback is acted upon.

Rationale

Patient-centred quality colposcopy units need to demonstrate quality improvement, and responsiveness to the views of consumers.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.1.5a	The colposcopy service has a documented complaints procedure. The Health and Disability Commission Code of Patient Rights brochures and posters are available in the colposcopy unit in a prominent place.	
6.1.5b	There is a process in place to ensure that complaints are reported, investigated, recorded, and analysed with findings disseminated to relevant parties, and acted upon.	
6.1.5c	Annual customer feedback surveys are undertaken.	**Refer to the Evaluation targets**

Evaluation process

Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan.

Evaluation targets

The patient experience is formally assessed annually.

Otherwise, all criteria are met.

Standard 6.1 Quality and Safety

Criterion 6.1.6
Patient safety processes

The unit has processes in place to identify, respond to and learn from adverse events.

Rationale	Continuous quality improvement requires appropriate processes to identify and address adverse events.
Essential criteria	

	AUDIT STANDARD CRITERIA	GUIDANCE
6.1.6a	Systems are in place for monitoring adverse events within the unit.	

Evaluation process	Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan.
Evaluation targets	No quantitative target. All criteria are met.

Standard 6.1 Quality and Safety

Criterion 6.1.7
Work practices

Colposcopy service providers adhere to standard work practices with accurate documentation of colposcopy assessments.

Rationale

Accurate and complete documentation of initial and subsequent colposcopic assessments.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.1.7a	The NCSP screening history is available prior to the colposcopist consultation.	
6.1.7b	A necessary part of high-quality patient management is to thoroughly document the participant's medical record. It is essential to record the participant's history, results of consultations, examinations, and treatments electronically so that colposcopy data can be submitted readily to the NCSP Register.	
6.1.7c	Best practice is supported by history taking at colposcopy, which should be relevant, concise, and accurately recorded. At a minimum, the colposcopist should find out and record the following information: • primary reason for referral (usually from the referring healthcare professional), for example, abnormal screening test, postcoital bleeding, abnormal cervical appearance, or other • screening history, previous colposcopies, and treatments • parity • menstrual history or any abnormal bleeding • past gynaecological history, including risk factors for cervical disease • past medical and surgical history with reference to immune deficiency due to disease or treatment • current medication and allergies • current status for smoking/ tobacco use • HPV vaccination status • relevant family history, including diethylstilbestrol (DES) exposure.	

	6.1.7d The initial and subsequent colposcopic assessments are documented as per the Colposcopy Data Requirements in Appendix 1. The minimum documentation requirements are: • a visual representation of the cervix or a diagram of the cervix which includes the squamo-columnar junction, the transformation zone, the location of biopsies and the number of quadrants involved. It is recommended that clinical images of the cervix and/or vagina should be captured where available • the findings; and • a plan of management.	**Appendix 1 – Colposcopy data requirements** **Refer to the Evaluation targets**
Evaluation process	Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan.	
Evaluation targets	100% of medical notes accurately record a medical history and all colposcopic findings at first and subsequent assessments (as per the data requirements in Appendix 1).	

Standard 6.2 Service Management

Criterion 6.2.1
Leadership and organisation

The unit has a structure for leadership, governance and accountability with clear reporting lines within the organisation.

Rationale

The purpose of this standard is to ensure that the unit achieves an integrated and patient-focused colposcopy service.

Units require a clear structure for leadership, management and accountability.

Administrative support ensures efficient data collection, effective communication with other agencies, and robust failsafe mechanisms.

This standard ensures that the basic components are in place.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.2.1a	The Service Manager is responsible for ensuring the service is appropriately equipped and staffed. The Service Manager is also responsible for ensuring all staff have dedicated time and resources to fulfil the education and administrative requirements of the clinic.	**The core requirements of these roles are outlined in Appendix 3**
6.2.1b	The service has appropriate managerial, clinical and administration support staff to organise and deliver the service safely and effectively. All nurses who assist at colposcopy are trained in both diagnostic and treatment colposcopy. LCN and Colposcopy Nurses have completed the HPV training modules. All colposcopy workforce complete the accredited HPV primary screening education modules.	

Essential criteria	6.2.1c	There is a defined colposcopy leadership team/ governance structure comprising clinical, nursing MDM coordinator and management, each with defined responsibilities. The unit has a designated Lead Colposcopist, Lead Colposcopy Nurse and Lead Colposcopy Administrator who take a leadership role within the service. There is a defined orientation and induction into the colposcopist and LCN roles with dedicated time allowance to complete prior to full responsibility for the role.
	6.2.1d	Operational meetings at least four times per year to discuss the following: • clinical issues • clinic policy • quality indicators/quality issues/the findings of internal audits • significant incident reports • volumes • external monitoring reports (e.g., NCSP independent monitoring reports) • DNA monitoring • Screening Support Services reports • waiting time data. These meetings are to be documented.
	6.2.1e	There is dedicated time for clinical and administrative activities and documentation for the administration aspects of the LCN role.
	6.2.1f	The colposcopy leadership team has access to timely and appropriate information on capacity, demand and waiting times on which to base operational and planning decisions.
	6.2.1g	When providing colposcopy services, colposcopists work closely with a Colposcopy Nurse and have access to a pathologist for clinical advice.
Evaluation process	Internal and external audit processes are used to ensure that the criteria are complied with. Risks or issues that are identified are addressed through a CQI process and/or the Quality Plan.	
Evaluation targets	No quantitative target. Otherwise, all criteria are met.	

Standard 6.2 Service Management

Criterion 6.2.2
Policy and procedure management

The unit has documented quality assurance and clinical policies and procedures that are regularly updated and shared with unit staff to ensure a high-quality service.

Rationale	The quality of colposcopy care is managed and coordinated using written protocol and procedure documents that outline quality assurance and clinical procedures.
Essential criteria	

	AUDIT STANDARD CRITERIA	GUIDANCE
6.2.2a	There are defined processes and timescales to review and maintain all policies and standard operating procedures. These are ideally reviewed every three years.	
6.2.2b	Policy and procedure documents are available to all staff.	
6.2.2c	All relevant staff are notified of changes to policies and procedures.	

Evaluation process	Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan.
Evaluation targets	The audit will include review of the policy review timetable.

Standard 6.2 Service Management

Criterion 6.2.3
Prioritisation of referrals

The unit implements and monitors systems to ensure appropriate referrals for colposcopy procedures.

Rationale	Participants are appropriately prioritised for colposcopy.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.2.3a	The NCSP screening history is available when triaging of referrals is undertaken.	
6.2.3b	Referrals are recorded and triage is undertaken to identify the prioritisation category. The person responsible for the triage has annual access to continued education on the guidelines and colposcopy standards. The urgency and referral grading of colposcopic examination depend on: • the degree of abnormality indicated by the HPV and cytology test results • the clinical indications • the information provided in the referral letter • the NCSP screening history.	**Clinical practice guidelines for cervical screening in NZ 2023** **Refer to the Evaluation targets**

	6.2.3c Referrers are advised that the referral has been received. If the referral is urgent, contact is made with the patient within a week to arrange the appointment. If the referral is semi-urgent, contact is made with the participant within a week of the receipt of the referral. If the referral is non-urgent, communication is sent to the patient advising them that the referral has been received, and they are given information on the waiting time to be seen. Participants should also be provided with an email address or phone number for the Lead Colposcopy Nurse for any clinical questions regarding their referral.
Evaluation process	Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan.
Evaluation targets	• 100% of referrals received are recorded, including the date ireceived. • 100% of referrals are graded within one week. • 100% of referrers are advised the referral has been received. • 100% of participants are advised their referral has been received and they are given information on waiting times or have an appointment booked. Otherwise, all criteria are met.

Standard 6.2 Service Management

Criterion 6.2.4
Access and booking

There are systems and processes in place to ensure that participants are seen for assessment in a timely manner.

Rationale

A patient-centred colposcopy unit ensures efficiency in managing waiting lists, booking and scheduling so that participants are seen within the expected timeframes.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.2.4a	The rules and responsibilities for the management of waiting lists, booking, and scheduling are clearly defined and documented. It is recommended that a patient focused booking approach is employed.	
6.2.4b	The colposcopy unit achieves optimum colposcopy waiting times for colposcopy as per the Evaluation targets. Participants who: • have evidence of clinical suspicion of invasive carcinoma, or a laboratory report indicating 'features suspicious for invasion', or 'changes consistent with carcinoma', or similar, receive a colposcopy or gynaecological appointment no later than 10 working days from the receipt of the referral. • have high-grade cervical cytology abnormalities, including glandular abnormalities, receive a colposcopy appointment no later than 30 working days from the receipt of the referral. • have HPV 16/18 detected with or without a cytology report should be seen within 30 working days from receipt of referral • have persistent HPV Other detected (non16/18) and negative/ASC-US/LSIL cytology receive an appointment within six months from receipt of referral. Refer to clinical practice guidelines for criteria for referral. • are being referred based on a persistent positive HPV test alone receive a colposcopy appointment no later than six months from when the colposcopy unit received the referral.	

Evaluation process

Key timeliness indicators as per the corresponding Evaluation targets below are monitored by the colposcopy unit, and available in six monthly reporting to Te Whatu Ora.

Risks or issues identified from monitoring are addressed through a CQI process and/or the Quality Plan.

CLINICAL SCENARIO	TIMEFRAME
Immune deficient women; primary screening direct referral	
HPV Other and no cytology	3 months
HPV Other and cytology normal or ASC-US/LSIL	6 months
Positive test of cure re-referral (includes AIS TOC)	
HPV 16/18 with cytology reporting suspicion or definite cancer	10 days
HPV 16/18 with cytology reporting ASC-H, HSIL, AIS, or glandular	30 days
HPV Other with cytology reporting suspicion or definite cancer	10 days
HPV Other with cytology reporting ASC-H, HSIL, AIS, or glandular	30 days
HPV 16/18 and no cytology	3 months
HPV Other and no cytology	3 months
HPV Other and cytology normal or ASC-US/LSIL	3 months
HPV not detected and cytology ASC-US/LSIL x 2	6 months
Previous normal colp and re-referred following positive test	
HPV 16/18 with cytology reporting suspicion or definite cancer	10 days
HPV 16/18 with cytology reporting ASC-H, HSIL, AIS, or glandular	30 days
HPV Other with cytology reporting suspicion or definite cancer	10 days
HPV Other with cytology reporting ASC-H, HSIL, AIS, or glandular	30 days
HPV 16/18 and no cytology	6 months
HPV 16/18 and cytology normal or ASC-US/LSIL	6 months
HPV Other and no cytology x 2	6 months
Immune deficient HPV Other and no cytology or cytology normal or ASC-US/LSIL	6 months
HPV Other and cytology normal or ASC-US/LSIL x 2	6 months
Previous LSIL confirmed and re-referred following positive test	
HPV 16/18 with cytology reporting suspicion or definite cancer	10 days
HPV 16/18 with cytology reporting ASC-H, HSIL, AIS, or glandular	30 days
HPV Other with cytology reporting suspicion or definite cancer	10 days
HPV Other with cytology reporting ASC-H, HSIL, AIS, or glandular	30 days
HPV 16/18 and no cytology	3 months
HPV 16/18 and cytology normal or ASC-US/LSIL	6 months
HPV Other and no cytology x 2	6 months
Immune deficient HPV Other and no cytology or cytology normal or ASC-US/LSIL	6 months
HPV Other and cytology normal or ASC-US/LSIL x 2	6 months

Evaluation targets	• 95% of participants who have evidence of clinical suspicion of invasive carcinoma, or a laboratory report indicating 'features suspicious for invasion', or 'changes consistent with carcinoma', or similar, receive a colposcopy or gynaecological appointment no later than 10 working days from when the colposcopy unit received the referral. • 80% of participants who have high-grade cervical cytology abnormalities, including glandular abnormalities, receive a colposcopy appointment no later than 30 working days from when the colposcopy unit received the referral. • 80% of particpants who have HPV 16/18 detected with or without cytology receive a colposcopy appointment to be seen no later than 30 working days from when the colposcopy unit receive the referral. • 80% of participants who have persistent HPV Other detected (non16/18) associated with normal/ASC-US or LSIL cytology receive a colposcopy appointment within 6 months from when the colposcopy unit received the referral. • 80% of participants who are referred because of a positive HPV test following treatment for a high-grade abnormality within the previous three years ('Test of Cure') receive a colposcopy appointment no later than 12 weeks from when the colposcopy unit received the referral. • 80% of participants who are referred based on a persistent positive HPV(other) test alone receive a colposcopy appointment and are seen no later than six months from when the colposcopy unit received the referral. Otherwise, all criteria are met.

Standard 6.2 Service Management

Criterion 6.2.5
Participants and their referrers are informed about the findings at colposcopy assessment and/or relevant follow-up

The unit has systems in place to ensure participants and referrers are informed about the results of colposcopy assessment.

Rationale

Appropriate information helps to prepare participants for the next steps and reduces anxiety.

Appropriate information to the referrer on the result of the assessment is needed so they have full information in case follow-up occurs in primary care, or participants have questions.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.2.5a	Following the definitive diagnosis participants are provided with written and verbal information on the diagnosis and treatment options. The referrer is provided with information on the outcome of the colposcopy visit and next steps.	**Refer to the Evaluation target**

Evaluation process

Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan.

Evaluation targets

95% or more of participants will have been sent, and/or will have had discussed with them, their definitive diagnosis and treatment plan within four weeks of their colposcopy visit. Where an MDM is required, the participant is informed of the referral and the expected date of the meeting.

100% of referrers are informed about the:

- diagnosis
- options given to the participant
- choices the participant makes, if known.

Standard 6.2 Service Management

Criterion 6.2.6
Delivering appropriate treatment services

The colposcopy unit has systems in place to deliver appropriate and timely treatment services.

Rationale

Treatment undertaken in a timely manner reduces clinical risk and patient anxiety.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.2.6a	Both the 'date the histology result is received by the colposcopy service' and the 'decision to treat date' are recorded in the colposcopy data system and sent to the NCSP Register.	**Refer to the Colposcopy data requirements in Appendix 1**
6.2.6b	The interval between the receipt of the histology report and the decision to treat is within 10 working days.	**Refer to the Evaluation targets**
6.2.6c	Where possible, the majority of participants receiving excision biopsy treatments have this undertaken as an outpatient/day patient service under local anaesthetic.	**Refer to the Evaluation targets**
6.2.6d	Use of local anaesthesia or general anaesthesia for treatment is recorded and sent to the NCSP Register. The reason for general anaesthesia are recorded.	**Refer to the Colposcopy data requirements in Appendix 1**
6.2.6e	70% of participants with confirmed high-grade lesions are treated within eight weeks of the decision to treat.	
6.2.6f	Excisional treatment is best practice. Part B in Appendix 2 outlines when 'see and treat' and ablative treatment can be considered.	**Refer to:** • **Part B – See and treat and ablative treatment** • **Colposcopy data requirements in Appendix 1**

Evaluation process	Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan
Evaluation targets	80% of participants receiving excision biopsy treatments are managed as outpatients/day patients under local anaesthetic. If general anaesthesia is used 100% of cases should have the reason recorded. 70% or more of participants with high-grade lesions are treated within eight weeks of the decision to treat. 100% of participants who have ablative treatment have had an adequate biopsy taken for histological diagnosis. Otherwise, all criteria are met.

Standard 6.2 Service Management

Criterion 6.2.7
Timely discharge and appropriate post-treatment follow-up

The service has appropriate systems in place to ensure the referrer is advised about the outcome of treatment and appropriate post-treatment follow-up.

Rationale	GPs and referrers need appropriate information to manage future recall and any other follow-up requirements.
Essential criteria	

	AUDIT STANDARD CRITERIA	GUIDANCE
6.2.7a	Participants who have completed treatment for high grade squamous cell disease are discharged to primary care for a cytology and HPV test ('Test of Cure') at 6 months unless there are other clinical concerns. The referrer is advised about the outcome of treatment and appropriate post-treatment follow-up.	**Refer to the Evaluation targets**

Evaluation process	Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan.
Evaluation targets	100% of referrers are advised about the follow-up requirements of participants discharged from colposcopy after treatment. 90% of participants are discharged for Test of Cure follow-up in primary care following treatment of a high grade squamous abnormality.

Standard 6.2 Service Management

Criterion 6.2.8
Delivery and planning

There are policies, processes and schedules in place to ensure that resources and capacity are used effectively.

Rationale	The purpose of this standard is to ensure that resources and capacity are utilised effectively and efficiently.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.2.8a	The service has written protocols in place for the management of participants who do not attend.	
6.2.8b	The service has processes in place to minimise late cancellations/non-attendance.	**Refer to the Evaluation targets**
6.2.8c	The NCSP Register is informed about participants who default/Did Not Attend.	**Refer to Appendix 1 – Colposcopy data requirements**
6.2.8d	Demand, capacity and utilisation data are used on an ongoing basis for business planning to ensure sufficient capacity, and the service has an agreed production or service plan if shortfalls are identified.	

Evaluation process	Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan.
Evaluation targets	At least 85% of participants attend their appointment (ie, the Did Not Attend rate is no more than 15%). Otherwise, all criteria are met.

Standard 6.2 Service Management

Criterion 6.2.9
Colposcopy workforce capability
The unit has an appropriately trained workforce.

Rationale

A capable well-trained and professionally developed workforce is needed to deliver a high-quality service.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.2.9a	Practitioners providing colposcopy services meet the following requirements: • Nurse Colposcopists have completed the nursing accreditation requirements. • Gynaecologists are certified by RANZCOG that they have passed the RANZCOG colposcopy module. • Colposcopists are credentialed by their Te Whatu Ora Hospital site as a practising colposcopist, OR are practising under the direct supervision of a certified colposcopist while working towards credentialing. Te Whatu Ora hospitals may credential a colposcopist without RANZCOG certification if they are satisfied they can work independently.	
6.2.9b	Colposcopists meet the minimum requirements for the numbers of new cases seen and the numbers of participants treated.	**Refer to the Evaluation targets**
6.2.9c	Colposcopists must attend colposcopy continuing medical education (CME) to keep abreast of scientific knowledge and clinical practice. This should include education specific to the New Zealand screening programme.	**Refer to the Evaluation targets**
6.2.9d	Lead Colposcopy Nurses and colposcopy nurses must engage in continuing professional development. They should attend a colposcopy conference every 3 years. Such as the ASCCP. They should attend NCSP network meetings to share regional approaches and clinical practice.	

Evaluation process	Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan.
Evaluation targets	100% of Colposcopists: • see at least 50 new cases per year, or 150 new cases in a three-year period (this includes work in a private capacity) • treat at least 10 participants per year or 30 participants over three years • participate at least once every three years in colposcopy-specific CME recognised by the ASCCP, the BSCCP, the ASCCP or the IFCPC, or undertaken by Te Whatu Ora. Or complete the colposcopy online learning programme provided by RANZCOG (C QUIP). Otherwise, all criteria are met.

Standard 6.2 Service Management

Criterion 6.2.10
Providing colposcopy data to the NCSP Register

All colposcopy service providers provide the NCSP Register with the required data for every referral and visit, including those who do not attend.

Rationale

Complete data on colposcopy is essential to ensure:
- the NCSP Register has a complete screening history
- tracking of individual participants for recall is in line with the recommended NCSP Guidelines
- accurate monitoring and evaluation of provider performance against national standards, indicators and targets procedures
- identification of potential areas of risk.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.2.10a	Documentation of the initial and subsequent colposcopic assessment includes the data requirements in Appendix 1. All the required fields are completed.	**Colposcopy data requirements – Appendix 1**
6.2.10b	If data cannot be sent in an electronic format (eg, the colposcopy provider works in a private capacity), or data is missing, the required data is sent to the NCSP Register in a timely manner.	**Part 4A of the Health Act 1956 – Duty of persons performing colposcopic procedures** **Appendix 1 – Colposcopy data requirements**
6.2.10c	When notified about missing data, colposcopy services supply the data either manually or electronically in a timely manner.	
6.2.10d	Any relevant change in management decisions (e.g. recall) should be entered into the database in a timely manner to inform the NSCP Register.	**Part B – Guidance on MDMs**

Evaluation process

Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan.

Evaluation targets

- 100% of data requirements are provided, as outlined in Appendix 1 – Data requirements.
- The NCSP Register is informed by the laboratory about any changes to the laboratory result within one week of the decision.
- The NCSP Register is informed by the colposcopy clinic about relevant changes in management decisions (eg, recall) within one week of the decision.

No quantitative target. Otherwise, all criteria are met.

Standard 6.2 Service Management

Criterion 6.2.11
Internal quality control

The unit:

- **has systems in place to identify potential sources of error, detect and minimise errors, and continually improve processes**
- **implements and monitors systems to ensure the clinical and technical quality of all colposcopy procedures undertaken.**

Rationale

In order to assure the quality of colposcopy services there needs to be continuous assessment and monitoring of robust clinical quality measures.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.2.11a	The colposcopy unit measures the performance of individual colposcopists using key clinical and technical performance measures from the colposcopy unit software system. Anonymised data will be reported to the NSCP from Gynaecology Plus.	**Refer to the Evaluation targets** **Refer to Part B – Policy Guidance: Internal Quality control**
6.2.11b	The service has a policy on managing colposcopist performance and actions required if the required levels are not achieved or maintained.	**Refer to the Evaluation targets**
6.2.11c	Colposcopists should attend at least 50% of the operational meetings.	**Refer to 6.2.1c** **Refer to the Evaluation targets**

Evaluation process

Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan.

Evaluation targets

Colposcopists are invited to attend operational/quality meetings.

Otherwise, all criteria are met.

Standard 6.3 Equipment and Facilities

Criterion 6.3.1
Colposcopy unit facilities

The unit provides a person-centred, safe, comfortable, accessible, clean, and clinically and culturally appropriate environment.

Rationale

Participants are more likely to feel at ease, and the desired outcome achieved, when their journey through the colposcopy facility is person-centred, clean, safe, comfortable, and culturally appropriate, and the facilities are easily accessible.

Essential criteria

	AUDIT STANDARD CRITERIA	GUIDANCE
6.3.1a	**Reception area** The reception area is of sufficient size to accommodate the expected throughput for the unit.	
6.3.1b	**Waiting area** The waiting area can accommodate the usual number of partipants and other family/whānau of participants who would be waiting at any time.	
6.3.1c	**Office area** • The office area is of a sufficient size to support administrative functions. • There is adequate private office space for medical and nursing staff.	
6.3.1d	**Procedure room fittings and features** The minimum requirements are: • a private space for participants preparing for the colposcopy examination • suction • oxygen and accessory equipment • access to hand-washing facilities • an emergency call system • suitable IT equipment, including clinic software for data collection • adjustable and appropriate lighting • appropriate smoke evacuation for diathermy.	
6.3.1e	**Post-procedure facilities** There is private space within the unit for recovery following vasovagal post punch biopsy, post excision biopsy or laser treatment.	

	6.3.1f	**Clinical support areas** Dedicated and separate storage are provided for a range of stock, consumables and equipment. Adequate and immediately accessible resuscitation equipment. Staff involved in the clinical care of participants are familiar and trained in the resuscitation equipment use. Appropriate sterilising facilities are available in accordance with local and national health and safety recommendations.
	6.3.1g	**Special considerations** A patient toilet area (including a disability access facility).
Evaluation process	Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan.	
Evaluation targets	No quantitative target. Otherwise, all criteria are met.	

Standard 6.3 Equipment and Facilities

Criterion 6.3.2
Essential hardware

The equipment should be of sufficient quantity and quality to meet the service requirements.

Rationale	Safe, effective colposcopy services require appropriate, modern equipment to ensure optimal clinical outcomes.
Essential criteria	

	AUDIT STANDARD CRITERIA	GUIDANCE
6.3.2a	There is sufficient volume of colposcopy equipment to match service demand.	**The volume of equipment should be sufficient to maximise efficiency, and avoid patient delays**

Evaluation process	Internal and external audit processes are used to ensure that the criteria are complied with and identified risks or issues are addressed through a CQI process and/or the Quality Plan.
Evaluation targets	No quantitative target. All criteria are met.

Part B: NCSP Policy Guidance

Ensuring the timeliness of, and appropriate selection of participants for, treatment

- The number of participants treated with low-grade lesions (less than HSIL (CIN2) on histology) is minimised.
- Participants under age 25 with confirmed HSIL (CIN2) have conservative management recommended in accordance with the Guidelines.

Laboratory specimens

The full relevant clinical history information is provided to the laboratory with cytology or biopsy sample. This includes:

- the biopsy type and site
- if the tissue represents a treatment specimen.

If participants request the return of any specimen there is a process in place for doing this.

Ablative treatment

Excisional treatment is considered best practice (the gold standard) as this minimises the risk of missing occult invasion.

All participants who have ablative treatment have an adequate histological biopsy taken prior to the treatment.

Ablation should only be performed by colposcopists who are skilled in the practice.

If ablative therapy is considered, the following are mandatory.

1. Colposcopic assessment is satisfactory.
2. A targeted biopsy has confirmed the diagnosis.
3. There is no evidence of an invasive cancer on cytology, colposcopy or biopsy.
4. There is no evidence of a glandular lesion on cytology, colposcopy or biopsy.
5. The entire lesion has been visualised.

See and treat

'See and treat' should only be considered under the following circumstances:

- a return visit after diagnostic biopsy may not be possible or may cause hardship for the participant
- the participant has been fully informed and is prepared for possible treatment
- the circumstances are appropriate or immediate treatment is necessary
- the colposcopic examination is consistent with the cytology referral and HSIL
- the limits of the lesion are visible and the entire transformation zone can be visualised
- the whole abnormality can be excised
- there is no suspicion of invasion
- this should be by an excisional method
- a specimen is available for histological examination.

Information to participants at the colposcopy appointments

At the time of the appointment colposcopy services:

- discuss the likely result with the participant
- inform the participant when definitive results are expected, allowing for pathology and team meetings
- make an arrangement with the participant to receive results by means suitable to them.

Colposcopy services:

- organise a specialist to inform and offer to see (or, if not feasible, telephone) a participant whose actual result is significantly different from the likely result so that they can discuss the results
- (if there is a diagnosis of cancer) advise the participant's GP/primary care provider by telephone and/or with a letter covering the diagnosis and planned treatment and refer the participant to gynaecological oncology.

Multi-disciplinary meetings (MDMs)

Colposcopists maintain close liaison with pathologists and attend regular MDMs with pathologists, cytologists and other colposcopy staff.

All cases where there is a lack of correlation between cytology and histology results which could have clinical implications for the management of participants are fully reviewed at an MDM by a multidisciplinary team of experienced practitioners.

Meetings are held at least six times per year, though monthly is best practice.

The purpose of MDMs for case review is to:

- discuss cases and/or plan the management of participants with discordant histology, cytology and colposcopic findings
- facilitate ongoing peer review and education.

The lines of responsibility for documentation and follow-up of cases discussed at MDM meetings are clearly defined so that the management of individuals is not compromised.

The MDM has access to all relevant cytology and histology specimens.

Every effort should be made for the colposcopist to attend those MDMs at which the colposcopists' own cases are discussed.

Participants who do not attend

Every effort is made to ensure participants attend colposcopy, including offering alternative appointment times.

It is important to:

- distinguish between failure to attend and declining to attend a colposcopy visit
- document each stage clearly in the person's notes.

Māori, Pacific and other support services, where they are available, should be used to assist with the locating, support and treatment of participants referred for colposcopy.

Participants who DO NOT attend colposcopy

The table below describes the process to be followed when a participant **does not attend** a colposcopy appointment.

STAGE	DESCRIPTION
1	**The participant does not attend for colposcopy.**
2	**Colposcopy staff make at least three attempts to contact the participant:** • by telephone, mail, email or text • through the GP/primary care provider/screen taker • through a visit by a community health worker, cultural services or Screening Support Services worker, where these services are available.
3	**Does the participant attend?** • If **yes**, there is no further action. • If **no**, see stage 4.
4	Alternative arrangements may be made for further appointments at the discretion of the colposcopy unit.
5	Alternative support arrangements should be considered and encouraged. With referral to a Screening Support Services provider. Also ensuring consistent internal relationships with NCSP regional coordinator, Kaitiaki services (where applicable).
6	If the participant does not attend the second (or subsequent) appointment, they are discharged back to the screen taker/primary care provider. They are sent a communication outlining the importance of the referral for colposcopy, noting the repeated attempts to contact them, and that they have been discharged back to their screen taker/primary healthcare provider with whom they should discuss their ongoing care. They are advised that a copy of the letter will be sent to their health provider. Note: This should be done in accordance with the Code of Health and Disability Services Consumers.
7	The fact that the participant did not attend is documented. The NCSP Register is notified that they did not attend. Any barriers to access are outlined for future support options to be considered. If this information does not go electronically to the NCSP Register via the gynaecology software system (eg, as in in some private colposcopy services) the NCSP Register Central team and/or NCSP regional services staff are advised about each Did Not Attend, and also the discharge back to the participant's screen taker.

Participants who DECLINE TO ATTEND colposcopy

The table below describes the process to be followed when a participant **declines to attend** a colposcopy appointment.

STAGE	DESCRIPTION
1	The participant declines to attend for colposcopy or cancels three times.
2	Colposcopy staff may attempt additional efforts to encourage them to attend: • by telephone, mail, email or text • through the GP/primary healthcare provider • through a visit by a community health worker, cultural services or Screening Support Services worker, where these services are available.
3	The participant is sent communication outlining noting their decision not to attend, and that they have been discharged back to their screen taker/primary healthcare provider with whom they should discuss their ongoing care. They are is advised that a copy will be sent to their healthcare provider. Note: This should be done in accordance with the Code of Health and Disability Services Consumers' Rights.
4	The fact that the participant declines being seen at colposcopy is documented, and they are discharged. Any barriers to access are outlined for future support options to be considered. If this information does not go electronically to the NCSP Register via the gynaecology software system (eg, as in some private colposcopy services) the NCSP Register Central team and/or NCSP regional services staff are advised so this can be noted on the NCSP Register.

Internal quality control

RECOMMENDATION	CONTEXT/ BACKGROUND	CALCULATION FOR PROVIDER OR UNIT	MINIMUM TARGET	COMPREHENSIVE TARGET	REFERENCES AND NOTES
1. **Document that squamo-columnar junction is visualised and the type of TZ (fully visualised/ not fully visualised)**	Adequate visualisation at the time of colposcopy is important in managing abnormal screening tests. Lack of documentation may impact current or future management.	Numerator: Number of colposcopy notes with documentation of visualised (fully/not) Denominator: Number of total colposcopies performed by individual provider or group	90%	100%	European Federation of Colposcopy 2013 [6], Massad et al. [11], WHO/IARC 2003 [12], New Zealand 2013 [13], Germany 2015 [14]
2. **Documentation of colposcopic impression (normal/benign; low grade; high grade; cancer)**	Documentation of colposcopic impression is clinically important and is a quality assurance and precision metric for colposcopy.	Numerator: Number of colposcopy notes with documentation of colposcopic impression Denominator: Number of total colposcopies performed by individual provider or group	90%	100%	Massad et al. [11], WHO/IARC 2003 [12], New Zealand 2013 [13], Germany 2015 [14]
3. **Documentation of cervix visibility (fully visualised, not fully visualised)**	Adequate visualisation of the cervix at the time of colposcopy is important in management of abnormal screening tests. Lack of documentation may result in over or under treatment of abnormal findings.	Numerator: Number of colposcopy notes with documentation of adequate visualisation of the cervix at the time of colposcopy Denominator: Number of total colposcopies performed by individual provider or group	90%	100%	Britain 2016 [4], WHO/IARC 2003 [12], New Zealand 2013 [13]

RECOMMENDATION	CONTEXT/ BACKGROUND	CALCULATION FOR PROVIDER OR UNIT	MINIMUM TARGET	COMPREHENSIVE TARGET	REFERENCES AND NOTES
4. **Documentation of extent of the lesion visualised (fully/partial)**	Adequate visualisation of the extent of the lesion(s) at the time of colposcopy is important in management of abnormal screening tests. Partial visualisation of the lesion(s) can alter management. Lack of documentation may result in over or under treatment of abnormal findings.	Numerator: Number of colposcopy notes with documentation of visualization of extent of any/all lesion(s) or no lesion Denominator: Number of total colposcopies performed by individual provider or group	90%	100%	Britain 2016 [4], WHO/IARC 2003 [12], New Zealand 2013 [13]
5. **Documentation of location and extent of the lesion(s)**	Knowledge of the location of the cervical lesions and size of the lesion allows the practitioner to tailor any treatment procedure to the abnormal pathology. Lack of documentation may result in overly large or inadequate cervical excision.	Numerator: Number of colposcopy notes with documentation of location of the lesion(s) or no lesion Denominator: Number of total colposcopies performed by individual provider or group	90%	100%	New Zealand 2013 [13]
6. **Participants with known ASCH OR HSIL should have biopsies taken (excluding pregnant women)**	Performing a biopsy following ASC-H or HSIL cytology aims to reduce the risk of missing high grade diagnosis and to improve the diagnosis of high grade abnormalities.	Numerator: Number of participants with a biopsy taken with high grade cytology (ASC-H/HSIL) Denominator: Number of participants with a high grade cytology	90%	95%	

RECOMMENDATION	CONTEXT/ BACKGROUND	CALCULATION FOR PROVIDER OR UNIT	MINIMUM TARGET	COMPREHENSIVE TARGET	REFERENCES AND NOTES
7. **Biopsies should be suitable for histological reporting**	To ensure colposcopists are taking adequate biopsy samples. Inadequate biopsies may miss a significant lesion and require repeat sampling.	Numerator: Number of satisfactory biopsies suitable for histological reporting Denominator: Total number of biopsies taken	90%	95%	
8. **Improving accuracy of high grade diagnosis (excludes pregnant participants)**	Colposcopic findings should be correlated with histological findings in order to calculate the positive predictive value of colposcopy for high grade cervical abnormalities.	Numerator: Histological confirmation of a HSIL abnormality Denominator: Colposcopic finding of a HSIL abnormality	65%		
9. **Most participants should be treated under local anaesthetic The reason for treatment under general anaesthesia should be documented**	It is recognised that some participants may not be suitable for LLETZ treatment under local anaesthesia. Services should monitor reasons for general anaesthesia.	Numerator: Number of colposcopy notes with documentation reason for LLETZ treatment under general anaesthesia Denominator: Number of colposcopy notes where the participant has a LLETZ treatment under general anaesthesia.	90%	100%	
10. **All laboratory tests should be reviewed, and the database updated within four weeks of receipt of results**			75%	90%	New Zealand 2013 [13]

Appendices

Appendix 1
Colposcopy data requirements

Recorded by regional Te Whatu Ora colposcopy/oncology service or non Te Whatu Ora colposcopy specialist service

Colposcopy clinic name:	Clinic number:	◯ Te Whatu Ora Hospital site ◯ Non Te Whatu Ora site (private)
Colposcopist:	Registration number:	
Date referral received by colposcopy service:		
Date referral accepted by colposcopy service:		
Appointment date:		

Participant's details

NHI:	Date of birth:	Ethnicity:
Last name:	First name(s):	
Residential address:		

Referred by

Name:	Health Practitioner:	◯ GP ◯ Nurse ◯ Other
Health facility making referral:		

Method of referral:	Letter ◯ Yes ◯ No	Phone ◯ Yes ◯ No	Other (electronic referral) ◯ Yes ◯ No

Type of referral

First assessment (new case):	◯ Yes	◯ No		
Subsequent assessment (follow-ups):	◯ 1st	◯ 2nd	◯ 3rd	◯ 4th

Note: If a participant is referred from another DHB or specialist for follow-up or treatment, this should be noted as a subsequent assessment (follow-up).

Assessment of the reason for referral

1
- ◯ A. Clinical suspicion of invasion
- ◯ B. Any cytological glandular abnormality

2 Positive/detected high risk HPV test results only:
- ◯ A. HPV 16/18 with or without cytology
- ◯ B. HPV Other with HSIL cytology
- ◯ C. HPV where the participant is immune compromised
- ◯ D. HPV Other with LSIL on two occasions if over 50 and 3 occasions if under 50

3 Clinical reasons only (eg, postcoital bleeding, abnormal cervical appearance):
- ◯ A. Low-grade clinical assessment
- ◯ B. High-grade clinical assessment
- ◯ C. Suspicious of invasive cancer clinical assessment
- ◯ D. Other clinical assessment

4 Optional comments about referral:

Colposcopy visit details

Date of visit:	
Admission type:	◯ Outpatient ◯ Day patient ◯ Inpatient
First assessment (new case):	◯ Yes ◯ No
Subsequent assessment (follow-ups):	◯ 1st ◯ 2nd ◯ 3rd ◯ 4th
Pregnant:	◯ Yes ◯ No
Colposcopy performed:	◯ Yes ◯ No
Colposcopy site:	◯ Cervical ◯ Vaginal ◯ Both cervical & vaginal ◯ Other
Review / results discussed:	◯ Yes ◯ No
Arranged treatment:	◯ Yes ◯ No

Colposcopy findings

Squamocolumnar Junction visible:	◯ Completely ◯ Partially ◯ Not visible ◯ N/A
Transformation zone visible:	◯ Completely ◯ Partially ◯ Not visible ◯ N/A
Lesion present:	◯ Yes ◯ No ◯ Inconclusive
Number of quadrants involved:	◯ 1 ◯ 2 ◯ 3 ◯ 4
Normal findings noted:	◯ Yes ◯ No
Abnormal visible lesion:	◯ Yes ◯ No
Limits of lesion visible:	◯ Yes ◯ No
Predicted grade(s) of abnormality:	
– Low-grade squamous	◯ Yes ◯ No
– High-grade squamous	◯ Yes ◯ No
– Glandular (AIS)	◯ Yes ◯ No
– Micro-invasive cancer	◯ Yes ◯ No
– Invasive cancer (squamous/glandular)	◯ Yes ◯ No

Actions taken during visit

Cervical/Vaginal:	◯ Yes ◯ No HPV test: ◯ Yes ◯ No
Biopsy:	◯ Yes ◯ No
Site of biopsy (biopsies) taken:	
If no biopsy taken, give reasons:	
Treatment this visit:	◯ Yes ◯ No
Type of treatment:	
Wire loop excisional procedure	◯ Yes ◯ No
Laser ablation	◯ Yes ◯ No
Ablation by other means other than laser	◯ Yes ◯ No
Cold knife cone	◯ Yes ◯ No
Diathermy cone	◯ Yes ◯ No
Laser cone	◯ Yes ◯ No
Hysterectomy	◯ Yes ◯ No ◯ Total ◯ Subtotal
Other (describe)	
Diagram/photo of lesion:	◯ Yes ◯ No
Local or general anaesthesia use:	◯ Local ◯ General ◯ N/A
Add box reason for GA:	
Follow-up management recommended:	◯ Yes ◯ No
Next visit recommended in:	months

Data received from colposcopy visit

Date histology specimen report received by colposcopy service:	
Decision to treat date:	
Date participant informed:	
Histological specimen taken satisfactory for interpretation:	◯ Yes ◯ No
Biopsy result:	◯ Negative ◯ Adenocarcinoma ◯ CIN1/HPV ◯ Squamous carcinoma ◯ CIN2 ◯ Adenosquamous carcinoma ◯ CIN2/3 ◯ Other ◯ CIN3 ◯ AIS

Did not attend

Scheduled visit date:	
For 1st assessment:	◯ Yes ◯ No
For treatment:	◯ Yes ◯ No
For follow-up after treatment/other:	◯ Yes ◯ No
Reason for Did Not Attend (if known):	
Rescheduled appointment date:	
Screening Support Services provider:	◯ Yes ◯ No

Discharged from colposcopy

To screen taker: ◯ Yes ◯ No Name of health worker / health facility:	Date of discharge:	Discharge options available on Solutions Plus version 11.
To oncology: ◯ Yes ◯ No Name of health worker / health facility:	Date of discharge:	
Other: ◯ Yes ◯ No Name of health worker / health facility:	Date of discharge:	◯ <3 months ◯ <6 months ◯ <12 months ◯ >12 months

Appendix 2
Section 112M of Part 4A of the Health Act 1956

112M Duty of persons performing colposcopic procedures

(1) Every person who performs a colposcopic procedure on a participant must—

(a) explain the procedure to the participant; and

(b) provide information, to the extent that is reasonable in the circumstances, about the objectives of the NCSP and the NCSP register, the importance of having regular screening tests, who has access to information on the NCSP register, and the uses to which that information may be put; and

(c) if he or she believes that the participant is not enrolled in the NCSP, advise that they will be enrolled but that they may prevent or cancel that enrolment by notifying the NCSP manager under section 112G; and

(d) cause a report in relation to that colposcopic procedure to be forwarded to the NCSP manager.

(2) A report under subsection (1)(d) must—

(a) be provided free of charge; and

(b) contain the information specified by the Director-General; and

(c) be provided in the manner and form specified by the Director-General.

Appendix 3
Core requirements of the Lead Colposcopist and Lead Colposcopy Nurse

Lead Colposcopist

Responsibilities

- Work with the Lead Colposcopy Nurse and Service Manager to:
  - annually review individual clinical practice in the department
  - manage clinical audits
  - clinically supervise new colposcopists.
- With the Lead Colposcopy Nurse, undertakes regular updates of regional guidelines and policies:
  - manages waiting lists and meet the timeliness of participants being seen as per the National Policies and Standards
  - ensures there are written protocols in place for the service and that these include the recommended national guidelines set out by the NCSP, and that these protocols are regularly reviewed
  - ensures data integrity of the colposcopy data for NCSP requirements
  - prepares for NCSP audit processes and ensure that the colposcopy service is proactive and responsive in correcting issues identified by the audit in a timely manner
- attends relevant MOH meetings to ensure the service is meeting NCSP requirements and kept abreast of any current issues or changes which may affect service delivery
- convenes regular multidisciplinary meetings with laboratory staff for the purpose of reviewing cases and ensuring that colposcopy staff attend as per the National Policies and Standards
- chairs clinical meetings to discuss colposcopy data, quality and service issues, protocol review and audit findings
- ensures that all colposcopists participate in continuous professional development to meet certification to practice
- facilitates the training of medical/non-medical colposcopists as per the RANZCOG and NZNO guidelines
- communicates with the NCSP when the service is not meeting waiting time measures set out in the NCSP standards.

This role requires mandatory access to continued education.

Lead Colposcopy Nurse

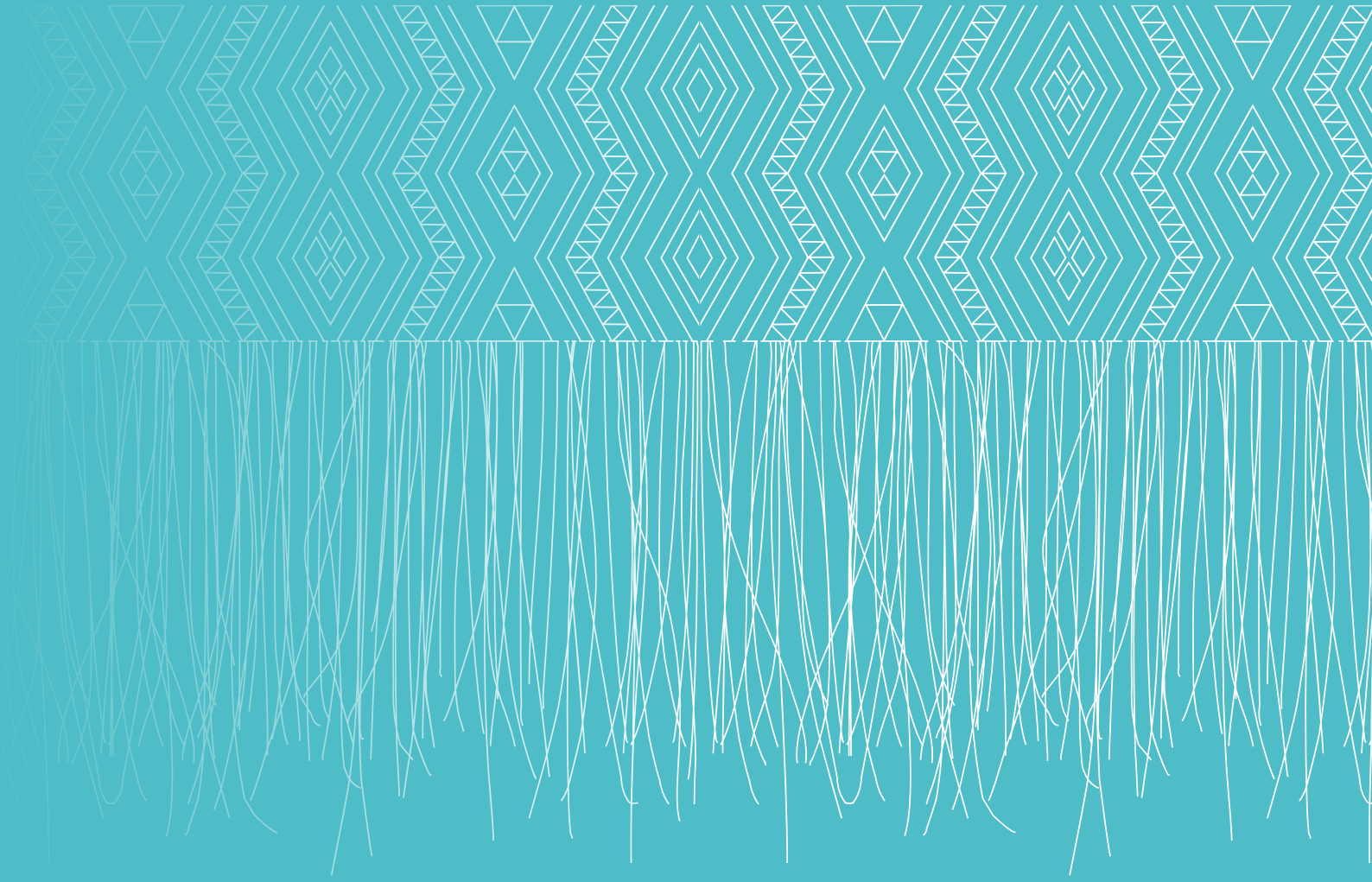
Responsibilities

Works with the Lead Colposcopist and/or Service Manager to:

- facilitate clinical audit
- undertake an annual customer satisfaction survey
- monitor data integrity
- monitor and reports on standards to the local service and to Te Whatu Ora
- support in the development and review of evidence-based local guidelines, procedures, and patient information documents
- support in the acquisition and validation of data to support producing the reporting requirements to the NSCP
- support and represents the views of colposcopy nurses within the department
- support and represents the views of the administration team and other support staff within the colposcopy department
- coordinate the training of nursing and administration staff within colposcopy, ensuring competence within their respective roles
- ensure standards are maintained within the clinical environment, and support the failsafe processes
- provide the facility management with advice on an appropriate clinical environment for the day-to-day delivery of colposcopy services that meets Te Whatu Ora standards for colposcopy services
- advise the Charge Nurse and Administration Supervisor of the training requirements of the staff within the colposcopy service to meet the mandatory training requirements

This role requires mandatory access to continued education.

Where this role is 0.4 FTE and above, it is recommended to have a dedicated progression pathway to Clinical Nurse Specialist or a clinical specialty role.



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