



THE HONG KONG COLLEGE OF OBSTETRICIANS AND GYNAECOLOG
AND
THE HONG KONG SOCIETY FOR COLPOSCOPY AND CERVICAL PATHO



Colposcopy Service Provision and Standard

CO-1

- (1) All colposcopy should be performed by colposcopists or trainees undersupervision.
- (2) Colposcopists must have undergone training in colposcopy recognized by the HKCOG.
- (3) The service should record the waiting times for both new patients and treatments. In particular, patients with the following smear findings should be seen in colposcopy clinic within the stipulated timeframe:
 - invasive, AGC-favoring neoplastoc: =<2 weeks
 - HSIL, ASCH, AGCNOS: =<8 weeks
 - ASCUS, LSIL, high-risk HPV: =<18 weeks
- (4) The service should adhere to local written protocols that should reflect published Guidelines in Hong Kong.
- (5) The service should ensure adequate data collection for quality assurance at annual reviews. At least 60% correlation between colposcopic diagnosis and histological diagnosis of high-grade lesion is expected i.e. sensitivity. Data on the positive predictive value of colposcopic diagnosis should be provided as well.

$$\text{Sensitivity for HSIL or above} = \frac{\text{No. of HSIL+ by colposcopic examination, (A)}}{\text{Total number of HSIL, (B) - (C)}} \times 100\% = \underline{\hspace{2cm}}$$

$$\text{Positive predictive value for HSIL or above} = \frac{\text{No. of HSIL+ by colposcopic examination, (A)}}{\text{Total number of colposcopic HSIL+, (D)}} \times 100\% = \underline{\hspace{2cm}}$$

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

- (6) The service should have a designated lead clinician.
- (7) The service should aim at minimizing intervention in women who do not have

significant cervical intraepithelial neoplasia (CIN).

90% of patient treated is expected to have CIN lesion on histological examination

- (8) There should be adequate facilities in the clinic to provide privacy and a safe working environment.
- (9) 80% of treatment of CIN is expected to be performed under LA
- (10) Referring agencies should receive written communication of results.
- (11) Participation in audit is mandatory.

Application and Reaccreditation as Colposcopy Service Centres

1. New application can be made by submitting the application form together with an audit report of colposcopy services (COA-3). The audit report should cover a 12-month period that falls within the 18 months prior to the date of application.
2. Reaccreditation can be made by submitting the application form together with two audit reports of colposcopy services (COA-4). The two audit reports should cover any 2 years within the 5-year audit cycle.
3. Applying centers can use the annual audit report downloaded from CMS, or use the audit form attached to the application form (COA-3 or COA-4), for reporting of the statistics.
4. At least 50 cases per year are required to apply as Colposcopy Service Centre (COA-08). Therefore, the table on the correlation between colposcopy diagnosis and the worst histology should contain at least 50% of the total number of colposcopy examination submitted, and should have at least 50 cases in total.
5. Cases from centers that are not accredited will not be counted, even the colposcopists are accredited as specialist colposcopists or the affiliated centers are accredited as colposcopy service center.
6. If any centers that have an affiliated center wish to combine the case numbers together, these centers need to apply as one single unit for colposcopy service before the data from the affiliated center can be used.
In addition, audit reports of the same reporting period from each affiliated center should be submitted together.
7. Applying centers should submit the 'Colposcopy service assessment form' (COA-8) and fulfil all the all the major criteria and at least 50% of the minor criteria, for both new application and reaccreditation as colposcopy service centers.
8. The application can be made 3 months before till 1 month after the last day of the current reaccreditation cycle.
For example, to get reaccreditation for the cycle of 11 Mar 2026 – 10 Mar 2031, applying centers need to submit the relevant information in the cycle of 11 Mar 2021 – 10 Mar 2026, from 11 Dec 2025 till 10 Apr 2026.
9. Those who cannot submit the required documents before the deadline would not be considered.

10. The College reserves the right to initiate visits any time if there is reasonable doubt to suggest that the colposcopy services of a centre have fallen below the standards. The centre could lose its accreditation status if the quality of service is found to be low, or the information in the application form and / or audit form is incomplete or inaccurate.
11. For those centers that cannot be reaccredited as colposcopy service center, new application has to be made. Cases that are performed before the centers can be reaccredited cannot be counted for the application for accreditation / reaccreditation / reinstatement for specialist colposcopists.